[COMMITTEE PRINT]

95TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES

DRUG ABUSE AMONG U.S. ARMED FORCES IN THE FEDERAL REPUBLIC OF GERMANY AND WEST BERLIN

REPORT

OF THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

NINETY-FIFTH CONGRESS

SECOND SESSION

SCNAC-95-2-27

Printed for the use of the
lect Committee on Narcotics Abuse and Control

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1979

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

LESTER L. WOLFF, New York, *Chairman*

PETER W. RODINO, JR., New Jersey
PAUL G. ROGERS, Florida
E (KIKA) DE LA GARZA, Texas
JAMES R. MANN, South Carolina
MORGAN F. MURPHY, Illinois
CHARLES B. RANGEL, New York
FORTNEY H. (PETE) STARK, California
GLENN ENGLISH, Oklahoma
BILLY L. EVANS, Georgia
LEO C. ZEFERETTI, New York
DANIEL K. AKAKA, Hawaii

J. HERBERT BURKE, Florida
TOM RAILSBACK, Illinois
LOUIS FREY, JR., Florida
ROBIN L. BEARD, Tennessee
BENJAMIN A. GILMAN, New York
TENNYSON GUYER, Ohio

Ex Officio

MARIO BIAGGI, New York
CARDISS COLLINS, Illinois
STEPHEN L. NEAL, North Carolina
JOE SKUBITZ, Kansas
DANTE B. FASCELL, Florida
ROBERT K. DORNAN, California
LINDY BOGGS, Louisiana
BARBARA A. MIKULSKI, Maryland
PATRICIA SCHROEDER, Colorado

COMMITTEE STAFF

WILLIAM G. LAWRENCE, *Chief of Staff*
DAN STEIN, *Researcher*
DAVID PICKENS, *Project Officer*
ELLIOTT BROWN, *Professional Staff Member*

SELECT COMMITTEE TASK FORCE ON DRUGS IN THE MILITARY

GLENN ENGLISH, Oklahoma, *Task Force Chairman*

E (KIKA) DE LA GARZA, Texas
BILLY L. EVANS, Georgia

J. HERBERT BURKE, Florida
ROBIN L. BEARD, Tennessee

CONTENTS

INTRODUCTION

House Resolution 77, 95th Congress, reconstituted the Select Committee on Narcotics Abuse and Control. In its mandate, the Select Committee was directed to "conduct a continuing, comprehensive study and review of the problems of narcotics abuse and control, including * * * drug abuse in the Armed Forces of the United States."

To conduct this study, Chairman Lester L. Wolff authorized creation of a task force on drug abuse in the military. The committee chose Congressman Glenn English to chair the task force. Under the direction of Mr. English, the task force visited numerous military installations, primarily within the United States, and devised a research questionnaire which was administered to over 2,400 enlisted and officer personnel. A report on the preliminary findings of the task force was issued by the Select Committee (Drug Abuse in the Armed Forces of the United States, SCNAC-95-2-14). The early work of the task force convinced its members that three factors, availability of drugs, boredom, and peer pressure contributed most significantly to the drug abuse problem within the military. This conclusion was supported by findings resulting from the questionnaire.

During the conduct of the task force study, information continually came to its members concerning the problems of availability and boredom within our NATO forces, primarily in West Germany. For this reason, Chairman Wolff authorized Mr. English to conduct a thorough study of the military drug abuse situation in Europe. Following preliminary staff review, Mr. English took the task force to Europe for investigation and hearings during the period of November 10 through November 22, 1978. The specific objectives of the mission were:

(1) To examine the Federal Republic of Germany's response to the heroin availability crisis. To determine how drug law enforcement resources were being utilized to infiltrate the loosely organized Turkish trafficking network.

(2) To determine how the presence of U.S. military troops was affecting market demand. To assess how the high availability, and low price/purity index were impacting on usage rates.

(3) To determine how the Department of Defense and the Army were progressing in carrying out the relevant points of the 12-point initiative.

(4) To assess command attitude with respect to efficient utilization of identification and treatment programs (including those for dependents) within the entire framework of the military environment in the Federal Republic of Germany.

(5) To assess enlisted personnel attitudes regarding the efficacy of Army treatment and prevention program efforts. Further, to address enlisted personnel perceptions of the sociological/economic concerns of the Germany environment as they promote or foster drug abusing behavior.

(6) To assess the efficacy of DEA/Army Criminal Investigation Command (CID) cooperation and intelligence to regulate and monitor any trafficking and transportation patterns into locations where U.S. military personnel are stationed.

(7) To examine State Department efforts to bring about improved international cooperation in supply reduction efforts. Specific attention was focused on recent efforts to encourage the German Democratic Republic (GDR) to strengthen its own border inspection controls, and Customs controls at Shoenfeld Airport (GDR).

The findings of the committee, as reflected in this report, outline an extremely serious situation which is as persistent as it is difficult to solve.

During its investigation, the task force visited Brussels, Belgium, where an interview was conducted with Gen. Alexander Haig, Supreme Allied Commander. Following this, the task force proceeded to Heidelberg, West Germany, where Gen. George Blanchard, Commander in Chief USAREUR and Seventh Army, presented the position of the command structure of the U.S. Army in Europe (USAREUR). The task force then broke into four separate study groups, and, in the course of the ensuing week, visited the West German cities of Berlin, Frankfurt, Stuttgart, Hanau, Buedingen, Mainz, Ansbach, Illesheim, Nuremberg, Bamberg, Wuerzberg, Schweinfurt, and Aschaffenburg. The study groups reassembled in Stuttgart, and conducted hearings on November 20 and November 22. On November 21, the entire task force went to Bonn for discussions with high-ranking German officials and the American Ambassador.

The task force on drug abuse in the military wishes to acknowledge the high degree of support which we received from the Department of Defense and the U.S. Army. In every case, we were given candid and willing cooperation. Deserving special recognition is the Army Office of Congressional and Legislative Liaison and the staff of General Blanchard in West Germany. Every request for support we made to these organizations was acted upon with dispatch and professionalism.

SUMMARY

The previously mentioned interim report of the task force on drug abuse in the military discussed numerous findings relative to drug abuse control programing difficulties within the Department of Defense. While incorporating them by reference into this report, it will be useful to review several which bear on the situation the task force discovered in West Germany. These findings can be separated roughly into three areas: General observations, administrative concerns, and operational difficulties.

General Background

During the war in Vietnam, large numbers of persons serving in the military were exposed to a combination of factors that promoted drug abuse problems; namely, ready availability of dangerously pure and inexpensive heroin, social isolation and boredom, periods of great tension followed by periods of relative inactivity, inadequate recreational facilities, separation from family, and peer pressure. This led to

military drug abuse prevalence of crisis proportions, including high levels of addiction, tolerance, and lethal overdose.

During the period 1974 through 1977, many of the young people who had been in Vietnam during the conflict were discharged. Others were reassigned and integrated into the forces of the United States in other parts of the world. The problems of having hundreds of thousands of troops in close proximity to the Golden Triangle, where the great percentage of heroin was processed, began to diminish. In this period of restructuring and realinement, the military began to direct its resources toward less crisis-oriented considerations. The draft ended and the era of the All-Volunteer Army began. Assets which had been dedicated to containing the drug abuse problem were gradually shifted into such manpower areas as race relations, recruiting, training, and the general maintenance of a peacetime force.

It was against this background that the availability of narcotics in Europe began to grow. International traffickers, still after the GI's dollars, shifted their routing patterns toward Europe, exploiting the unimpeded shipping and transportation channels which exist between the Common Market countries. Heroin was transported from the Golden Triangle to Amsterdam, and then smuggled by car into the Federal Republic of Germany. In addition, the countries of Afghanistan and Pakistan emerged as exporters of opiates. Previously insignificant in terms of international trafficking, these Middle Eastern countries developed as principal sources of supply.

During this same period drug abuse counselors and other professionals in the field were reduced in numbers to meet general staff-cutting requirements, which was coupled with a more permissive attitude of society generally to drugs and drug abuse. In the early and midseventies, individual States began to act to reduce penalties for possession and use of small amounts of marihuana. This movement, known as "decriminalization," was not intended to legalize or in any way condone or encourage the use of marihuana, but rather to reduce what were perceived as overly harsh criminal sanctions. Enlisted men and officers, however, often perceived this trend as justifying a reduced amount of attention to drug abuse within the military, which resulted in increased marihuana abuse rates. Compounding this lessening of attention, the All-Volunteer Army began to replace Vietnam veterans with young men and women drawn from high schools and neighborhoods where drug abuse had become increasingly accepted as a method of coping with social problems. A population of young people with preservice drug abuse experience was slowly growing within the military.

Administration

Within the hierarchy of the Department of Defense (DOD) and each of the military departments, there is a core group of persons responsible for development and management of drug abuse control policies. Chief among these is the Assistant Secretary of Defense for Health Affairs, who is responsible for establishing and assessing the general DOD policies that guide the individual services. The task force found that he was the only Assistant Secretary who did not report directly to the Deputy Secretary or the Secretary of Defense. Rather, his input was channeled through the Assistant Secretary for

Manpower and Reserve Affairs. The Secretary of Defense, in a reorganization proposal, expressed a desire to eliminate the office of the Assistant Secretary for Health Affairs, and to merge the entire jurisdiction and responsibility into the office of the Assistant Secretary for Manpower and Reserve Affairs. While justifications for this proposal were offered by DOD to the committee, there was no question that the move represented a general downgrading of support for those functions, including drug abuse control. During the belt-tightening exercises that had been taking place throughout DOD, the Office of Drug and Alcohol Abuse Prevention (ODAAP) sustained severe cuts in authorized personnel slots. These manpower reductions made it impossible to develop, promote, and evaluate efficacious drug policies, and resulted in a further decrease in applied pressure on component services to energetically pursue their drug abuse programs. At the department level in particular, a decline in expertise developed, further compounding the problem.

It was found that there was no effective standardization in reporting of drug abuse-related information from the field. This lack of cohesive data not only made it impossible to compare situations between the services, but even the individual services could not immediately compare information coming from different component commands.

Operational Obstacles

In the immediate post-Vietnam period there was an emotional discussion of the issue of random urinalysis. During the height of the war, many drug abusers were identified through this procedure, but selection techniques often became an administrative nightmare. There were largely unsubstantiated allegations that some people were aware of the testing timetable which was defeating its effectiveness. Further, new drugs came onto the market which were not detectable through urinalysis techniques available. Random urinalysis was condemned as not cost-effective, and was discontinued in October 1976. In its place was a program called commander-directed urinalysis, which presupposed that a commanding officer could readily detect symptoms of drug abuse, an assumption not entirely valid. Some commanders are more interested in detection than others, while still others are not as able to detect drug abuse problems which are (1) hidden by small groups of individuals covering for one another, and (2) not detectable through current urinalysis procedures. For all of these reasons, the number of urinalysis examinations began to decline.

In the area of law enforcement, new court decisions greatly restricted the search and seizure authority of military law enforcers. Most military apprehensions were based on simple possession of drugs, most frequently marihuana. These cases, when tried in civilian courts, often resulted in negligible sentences. The military law enforcement officer was instructed to vigorously investigate cases he knew he could not win in court.

In short, the years 1974 through 1977 brought a general degradation of the importance of controlling and containing drug abuse within the military. Unfortunately, the drug abuse problem became resurgent during this same period of time, and when the attention of the military was again drawn to the presence of this threat there were neither

assets nor expertise in place to deal with it. In West Germany, the overdose death rate of young soldiers began to climb dramatically. Cases of infectious hepatitis (often caused by injecting drugs with dirty needles) began to increase rapidly. The supply of heroin and other drugs responded to market demand and increased to a point where no soldier had difficulty in obtaining narcotics, dangerous drugs, and hashish. Faced with continuing personnel cutbacks, the command structure has been and remains unable to mount the kind of enforcement, education, and rehabilitation effort required for decisive suppression.

Assistant Secretary of Defense, Charles Duncan released to the committee an ambitious 12-point plan aimed at recapturing lost momentum. Implementation of the 12 points will require considerable shifting of present assets and additional authorizations for manpower and equipment.

In addition, the Government of West Germany must act promptly to reduce the amount of heroin which becomes available both to German nationals and American soldiers. Without a sharp reduction in availability, the best efforts of DOD will be only cosmetic. Increases in enforcement manpower and equipment must be forthcoming so that a degree of commitment similar to that in the arena of terrorism is produced.

44-106—70——2

I. AVAILABILITY/ENFORCEMENT

Trafficking Patterns and Ease of Availability

The primary drugs of abuse in West Germany are heroin and hashish. The specific routes and modes of transportation have been discussed previously in the committee's report on Drug Abuse in the Armed Forces of the United States (SCNAC–95–2–14). Heroin typically arrives by automobile, train, or aircraft in relatively small quantities of 5 kilograms or less. The couriers are predominantly Turkish nationals with work permits for West Germany. It has now been recognized that although significant amounts of heroin enter West Germany via East Berlin, that route is not considered the primary drug conduit.

Some drug trafficking among U.S. military personnel stationed in West Germany does occur; however, it is rarely significant in terms of quantity. A few U.S. soldiers may operate at the middleman street-pusher level, although it is more likely that he is an abuser/pusher who purchases drugs and sells them to other soldiers in order to finance his own habit. There have been rare instances of military police involvement as traffickers and/or abusers. When such instances become known, the individual involved is immediately removed from law enforcement duty pending final disposition.

The ready availability of drugs in West Germany is illustrated by the committee's drug abuse questionnaire responses. Slightly over 50 percent of the E–1 to E–4 respondents said heroin was easy to purchase, and 91.8 percent reported marihuana/hashish was easy to get in their area. To compound the drug abuse problem, many legal over-the-counter drugs available in West Germany contain significant quantities of amphetamines or barbiturates.

Illicit drugs, including heroin, are openly sold in numerous night-clubs, known as "nightspots," and other public areas. Task force members actually observed heroin transactions take place at midday in a West Berlin subway station. No attempt was made to conduct these transactions in a covert manner and, in fact, some of the addicts openly discussed their addiction and the method of transaction with task force members. Representatives of the task force also visited a small public park in Frankfurt where transactions occur during all hours of the day and night as well as observing numerous night spots known for frequent narcotics transactions.

The availability and abuse of heroin in the Federal Republic of Germany has increased dramatically since 1968. Seizure data combined with Drug Enforcement Administration (DEA) investigative enforcement efforts provide a very clear picture of this increased availability. Prior to 1968, Germany was not confronted by a significant narcotic problem. During that year, total heroin seizures by the West

Germany Federal Police amounted to only 1.825 milligrams. During the 4-year period 1969 through 1972, heroin seizures in West Germany totaled 6.7 kilograms. However, in 1973, heroin seizures began to rise rapidly (table 1), reaching a record 167 kilograms in 1976.

TABLE 1. *Heroin seizures in the Federal Republic of Germany*

	Kilograms
1973	15.4
1974	33.0
1975	31.0
1976	167.0
1977	60.1
1978 (January to October)	140.0

Through 1976, the majority of confiscated heroin was that commonly known as "No. 3" smoking heroin which originated in Southeast Asia. Beginning in 1977, a change was noted wherein the seizures made were predominantly of the injectable, highly addictive "No. 4" variety, the majority of which originates in the Middle East. Violators of Turkish descent were involved in 75 percent of the investigations where heroin was seized in the second half of 1977. Table 2 compares heroin seizures in the United States and Europe over a 6-year period and illustrates the increase in the availability of Middle East heroin.

TABLE 2.—COMPARISON TABLE—HEROIN SEIZURES

[All amounts in kilograms (1 kilo=2.2 lb)]

Year	United States	Europe	Source
1972	470	10	SEA [1]
1973	218	27	SEA
1974	309	87	SEA
1975	468	234/8	SEA/ME [2]
1976	509	535/14.7	SEA/ME
1977	402	451/48.8	SEA/ME

[1] SEA=Southeast Asian.
[2] ME=Middle Eastern.

DEA estimates, based on tracking and charting heroin price and availability, indicate the cities of Berlin and Frankfurt as well as the Ruhr area around Dusseldorf/Duisburg appear to have readily available supplies of heroin. Availability is also high in several other German metropolitan areas.

Although heroin is a major problem in West Germany, the chief drug available, and the drug of choice among U.S. soldiers, is hashish. The supply of hashish appears to be virtually unlimited. Over 51 percent of the U.S. soldiers responding to the drug abuse questionnaire admit to using hashish at least once a week, and 16 percent admit to daily use. Seizures of hashish are climbing on a continual basis. In 1977, over 9 tons were seized in West Germany and there appears to be no central city or location involved.

Concern over the abuse of drugs is increased by the fact that the hashish available is 8 to 10 times stronger than marihuana sold in the United States and the heroin is 10 times stronger. Arrest statistics for West Germany indicate a trend of decreasing cannabis arrests and increasing heroin arrests for the period 1974–76. The DEA believes this trend is continuing.

TABLE 3.—DRUG-RELATED DEATHS (FRG)

[In percent]

	1974	1975	1976
Cannabis	64.4	60.6	52.4
Heroin	19.7	26.6	38.0
Other drugs	15.9	12.8	9.6
Total	100.0	100.0	100.0
Total arrests	6,739	7,328	8,946

ENFORCEMENT

There are three drug abuse enforcement elements working in a cooperative environment in West Germany. They are the Drug Enforcement Administration, military police and investigators (MP, MPI, CID), and the German Federal Police. Even though these three elements interact with their activities, each has a specific role for which it is responsible.

The military effort to combat drug abuse among U.S. Army personnel stationed in the Federal Republic of Germany is channeled through two groups, the military police (MP's) and the Criminal Investigation Division (CID). There are approximately 5,500 "street" military police in Europe, all of whom become involved, to some extent, in the drug enforcement effort.

Headquarters, 2d region CID, has 44 special agents dedicated to drug suppression activities. Five of these agents, posing as drug buyers, operate covertly in targeted communities, using large amounts of "flash money," and luring wholesale traffickers into situations that allow host nation police to apprehend them. There are 28 special drug suppression teams consisting of MP, MPI, and CID personnel operating in West Germany. These teams may function either overtly or covertly and generally operate within close proximity to military installations. Currently, 39 CID agents and 75 MPI/MP are assigned to these teams. CID agents and MP investigators also operate overtly to investigate reported or detected instances of use, possession or trafficking of drugs by U.S. Armed Forces personnel.

The 42d Military Police group (Customs) is another element of the military drug enforcement effort. This is a highly specialized unit operating in approximately 45 field locations throughout USAREUR. One aspect of their effort is joint involvement with German Customs and Border Police at FRG international border crossing sites. Other responsibilities of the 42d MP group include:

(1) Operation of the narcotic detector dog program in USAREUR.

(2) Operation of the contraband inspection program at Rhein-Main Air Base.

(3) Assist APO's inspecting 2d, 3d, and 4th class mail for drugs.

(4) Military customs inspection (MCI) program.

The MCI program encompasses the inspection of household goods, hold baggage, and the vehicle processing point at Bremerhaven. The 42d MP group also has executive agency responsibility for the European Command (EUCOM) MCI program, to include policy develop-

ment, training, information and intelligence for MCI programs at all EUCOM bases involving the inspection of personal property, DOD cargo, passenger and baggage, POV's, and mail destined for customs territory of the United States. The unit conducts a 24-hour training course for senior MCI's prior to their involvement in the program. Two U.S. Customs Service advisers are assigned to the 42d MP group in Mannheim. These officials inspect and accredit MCI programs once they have met the standards established by the U.S. Customs Service.

DEA agents in West Germany provide regular information to the military on narcotic traffickers, smuggling methods, and intelligence related trends. The DEA has assisted military drug enforcement efforts by funding a DEA informant who has been operating in Berlin since August 1978. This informant is under instructions to concentrate on narcotic sources who are supplying military personnel at the street level.

There are six DEA special agents stationed in the FRG under the direction of the country attache in Bonn. These agents operate within specific foreign activities guidelines and have as their responibility the following objectives:

(1) Cooperate and exchange drug intelligence with appropriate host country law enforcement officials.

(2) Assist in the continual development of a host country drug law enforcement capability.

(3) Develop, within the U.S. mission, appropriate resource requirements for host country drug law enforcement ogranizations, with these requirements being keyed to the ultimate goal of reducing the availability of illicit drugs on the U.S. market, and,

(4) Develop, within the U.S. mission, specific short-term and long-term bilateral drug intelligence programs that will accrue to the benefit of both the host country and the United States.

Under DEA leadership, the American Embassy in Bonn, the U.S. mission in Berlin, the U.S. Army CID, U.S. Air Force OSI German Police and German Customs were all brought together in the creation of a 90-day Berlin task force. Representatives of this task force shared information and intelligence, the end product indicating availability was higher in Berlin than in other German cities. This knowledge led to increased enforcement efforts and an awareness of the problem at all levels of the allied forces as well as within the Berlin government.

The Federal Republic of Germany and the United States have worked together in the narcotics control field over the last 10 years. This cooperation is illustrated by the signing, on June 9, 1978, of a bilateral agreement known as the United States/Federal Republic of Germany Narcotic Agreement (app. A). This agreement recognizes past cooperation, provides an efficient organization for exchange of narcotic information for the present, and offers additional ways to coordinate intelligence, enforcement, and rehabilitation exchange efforts in the future.

The committee has learned, subsequent to its trip in November, that the central working group, authorized under this agreement, met for the first time on December 15, 1978. Both sides, in their formal statements, called for an expansion of the already close coopera-

tion between the two countries. Of note in the West German statement was the estimate of 45,000 German heroin addicts. This estimate is twice as large as that previously admitted. The FRG authorities responsible for drug enforcement are reported to have excellent rapport with U.S. military enforcement personnel and DEA agents. However, in spite of these cooperative relationships, the fact remains that the West German effort directed toward drug law enforcement was determined by the task force to be lacking in several aspects. Drugs of all types continue to be readily available in the Federal Republic of Germany. The main source trafficker and the major middleman supplier are predominantly German, or third country nationals, not American. The drug problem is a German problem, as the recent estimate of 45,000 German heroin addicts illustrates. The task force believes the U.S. soldier is a victim of high drug availability in West Germany and is not yet a major contributor to market demand.

Concern regarding the West German effort was expressed by Congressman English in a meeting with German officials in Bonn on November 21. Without full cooperation and a total commitment by West German authorities, it will be impossible to cut off the availability of high-potency, low-cost drugs to U.S. military personnel stationed in Europe.

State Department Efforts

The Department of State is active on two fronts in the narcotic control effort. One is the cultivation of bilateral cooperation between the United States and the Federal Republic of Germany. When drug abuse trafficking indicators began to increase in the late 1960's, cooperation between the two countries intensified. The first DEA agents were assigned to Frankfurt in September 1970, and the American Embassy role in support of the DEA effort was, and continues to be, to provide support and to integrate the enforcement efforts within the foreign policy aspects of international narcotics problems.

A special Embassy task force on narcotics was established in 1972 with member representatives from DEA, Customs, Department of State, and the military services. This task force was charged with the responsibilities of coordinating (1) the Embassy's antidrug efforts and (2) our cooperation with the West Germans. These responsibilities have recently been transferred to the central working group that was created through the United States/Federal Republic of Germany Narcotic Agreement. According to the Honorable Walter J. Stoessel, Ambassador of the United States of America to the Federal Republic of Germany:

> I have personally been very interested in the drug problem, have tried to keep myself up to date on it, have worked with our task force in the Embassy. In February 1977 I first addressed the need for increased German-American cooperation in this field when I called on Minister of State Wischnewski in the Chancellor's office. Other Embassy officers and myself have continued to make high level approaches about narcotics to the West Germans. We were instrumental in convincing President Carter to speak to Chancellor Schmidt about the narcotics problem during the Summit Meeting in Bonn in July. Our Deputy to Chief of Mission again raised the issue in a call on State Secretary Schueler in September. I believe these efforts are bearing fruit. In June, I had the privilege of joining with State Secretary Van Well of the Foreign Office in signing a narcotics control agreement. This agreement made formal some aspects of our past cooperation,

while contemplating broader mutual bilateral and multilateral efforts to suppress the production and distribution of illegal drugs and abuse of all drugs. The agreement establishes a central working group composed of representatives from relevant German ministries and from the Embassy and the military. Minister of Health Huber and I have agreed to convene the first session of this working group in mid-December. Thereafter, the group will meet at least twice a year to discharge its responsibilities, to develop joint policy, and to establish priorities, and assign tasks related to its decisions to the subcommittees also established under the agreement.

A second Department of State effort is focused on the sources of illicit heroin for Europe and international narcotics control efforts. Since 1975, the quantity of Middle Eastern heroin seized in Europe has steadily increased, having gone from 8 kilograms in 1975 to 79 kilograms for the first 10 months of 1978. These figures reflect the tremendous increase in production of illicit opium in Afghanistan and Pakistan. Through intelligence and laboratory seizures, it has been determined that the opium is being refined into heroin of more than 80 percent purity, not only where it is grown, but also in Iran and, more recently, Turkey. By controlling opium production, heroin availability can be drastically reduced.

Efforts are being made on the international front, with the support of the U.S. Department of State, to bring Afghanistan and Pakistan opium production under control. The Governments of both countries are committed to eliminate opium cultivation and drug trafficking within their borders; however, they do not always exercise sufficient influence over poppy-growing areas to translate that commitment into uniformly effective narcotics control.

The United Nations Fund for Drug Abuse Control (UNFDAC) has led the way in attempting to assist Afghanistan and Pakistan in creating economic alternatives to opium poppy cultivation. Examples of UNFDAC efforts have been to provide advisory and equipment assistance to Afghanistan's antismuggling unit, work with the Asian Development Bank in developing a 5-year pilot integrated rural development project for Afghanistan's Upper Helmond Valley, and to help develop a crop substitution pilot project in Pakistan. Unfortunately, the work of UNFDAC is constrained by the level of voluntary contributions which it receives from participating nations. The U.S. contributions to this fund for 1977 and 1978 made up approximately 50 percent of the total donations.

In an attempt to enlist international financial institution support for narcotics control, the Department of State is working through the U.S. Department of the Treasury in two ways. The first is through support for projects which will bring development and economic alternatives to opium-growing areas. The United States is also encouraging international narcotics control support from aid donors among the industrialized nations. Additional efforts have been to discuss with the Organization for Economic Cooperation and Development (OECD) methods of using developmental assistance as a positive force to provide economic alternatives in opium-producing areas.

The United States has a cooperative agreement with Pakistan that is seeking to establish a bilateral cooperative narcotics control program with the Government of Afghanistan.

Additional Manpower Needs

The law enforcement agencies within USAREUR (Provost Marshal, 2d Region CID, 42d Military Police Group) have reexamined their drug suppression capabilities and have requested resource increases to enhance their narcotic control capability. The 2d Region CID and the USAREUR Provost Marshal's Office have requested an increase of 20 CID special agents and 45 military police investigators who will devote full time to drug suppression. The 42d Military Police Group (Customs) has requested an additional 50 military customs inspectors/investigators and 20 additional dog handlers who will devote the majority of their effort to drug suppression activities.

In testimony before the committee on November 20, Brigadier General Brookshire outlined other European needs in addition to those of USAREUR. The U.S. Air Force, Europe (USAFE), has requested an additional 28 air policemen and 25 special agents and investigators to man their drug abuse suppression program "counterpush." This program also provides for a significant increase in detector dogs.

Although the naval presence in Europe is very small, there is an active drug program in each European command country where there is a significant U.S. naval population (Italy, Spain, United Kingdom). The Navy has taken action to add an additional seven special agents and investigators.

Though unrelated to the enforcement effort, but directly related to increased drug abuse in Europe, are requests for additional clinical and medical personnel to combat the problem. In total, the European Command is requesting 439 additional personnel in the law enforcement, clinical, medical, customs, command, and control areas.

II. ENVIRONMENTAL FACTORS

Any examination of drug abuse within a specific population inevitably leads to an investigation of the social and cultural conditions that influence the life of a community. There are often identifiable relationships between drug usage and the circumstances or conditions with which the population must contend. These established relationships are noticeably visible when considering the young American soldier stationed in West Germany.

Although illicit drugs are used by some noncommissioned and junior officers, usage is predictably more prevalent among young enlisted soldiers of rank E–4 or below. These soldiers are typically under 23 years of age with many in their late teens and having only recently left home for the first time. At this age, faced with the severing of family ties, many soldiers are not prepared emotionally to meet the problems they face and the demands placed upon them. The attendant anxiety and frustration often result in the young enlisted soldier turning to drugs in order to cope. Young people in every environment are faced with problems, but for the young soldier stationed in a strange land, the psychological and social problems encountered assume even greater significance.

In an effort to further understand those factors in the environment in Germany that appear to be fostering drug abuse, the committee undertook extensive field investigations prior to the hearings

in Stuttgart. In addition to distributing the questionnaire, committee members interviewed scores of lower ranking personnel and various drug abuse professionals on the clinical level, in order to gain firsthand perceptions of the difficulties. Several representative individuals were selected from these field inquiries to provide testimony before the committee. Excerpts from their presentations appear below.

One of the first obstacles faced by a young soldier upon his or her arrival in West Germany is the language barrier. Eventually most will learn several key German words and phrases, but very few will become fluent enough to engage in a meaningful conversation. According to Sgt. Daniel M. Wynne, from the "A" Company of the 317th Engineering Battalion:

> The first week they get over here and they process in, they are sent to a program called Headstart. Headstart is fine if you are in the States and want to learn German or want to learn a little about the German culture or about exams or something, that is fine. But when you are actually over here and you have got to live here, in 1 week you cannot learn German. Believe me, I'm married to a German citizen and I've been married for almost 9 months now and I still can't say "Guten Tag" right. The thing about it is, you get one shot of this, so you take down all the notes you can and you're put out on your own. Well, you forget it all because there is no actual training or anything at all. What I would like to see is, would it be possible for a man who has orders and knows he is coming to Europe, to train 3 to 6 months on the culture of Germans, the German ways, more or less, on the language barriers so a man could actually come over here and carry a conversation or more or less get his point across? It causes a big problem over here because I know for myself, even with my father and mother-in-law, when I go to their house, I can barely just talk about the weather.

For those who do learn to converse in the German language, there are still cultural differences between the two countries that many individuals have difficulty accepting. In some instances, the problem faced is one of nonacceptance of the GI by the German. Committee members observed several establishments whose proprietors refused to serve American soldiers and had posted "off-limits" signs on their doors and windows. Sergeant Wynne continued:

> A lot of the young troops are really scared to go out on the economy because they can't afford it. They are not married, they don't have the money to go out and buy nice clothes to be presentable in most of your discos, or most of your shopping areas, or most of your German restaurants, because they feel like an outsider because immediately the average GI walks into a German restaurant, immediately anybody can look up and tell this person is a GI, on the average.
>
> Usually the short hair gives the GI away; there are a lot of bars and facilities that flat won't let the average GI come in. They don't want that type of crowd in there. You kind of have to look at it from their standpoint of view, too. They are in there for the money, and the poor soldier, he just don't have it no more.

The social isolation that results from these factors leads to boredom, loneliness, and in more severe cases can lead to depression; all of which are conditions conducive to drug abuse.

There are places where the GI can go for entertainment and social encounters and, in fact, many establishments cater to the young American soldier. Committee representatives accompanied by DEA or CID agents visited several of these night spots at various locations in Germany and found many of them to be of low quality and relatively expensive. The clientele in some of these establishments were almost exclusively young American soldiers and German prostitutes although some were frequented by young Germans as well. Drugs are reportedly readily available in many of these clubs.

For those who do leave the military post and seek entertainment on the Germany economy, the current value of the American dollar relative to the deutsche mark has made it prohibitively expensive. The young recruit's dream of travel in a foreign land, fostered by recruiting advertisements, is cruelly turned into a nightmare when faced with the reality of cost, language obstacles, and cultural biases that are difficult to understand. According to PFC Clifford D. Rucker, Company C of the 317th Battalion:

I don't make enough to go on a ski trip to Berchtesgaden. My roommate and a couple of other people went on a ski trip to Berchtesgaden, I couldn't afford it. I didn't have the money. To go anywhere, to a German guesthouse, you have to know German, you have to be able to speak the German language. For some people they just cannot speak the language, it is hard. It is not an easy language to learn.

Pvt. Etven Diaz, from B Company of the 8th Signal Battalion, stated:

The trips they come up with are too expensive, and when they do come up with them, let's say we get paid at the end of the month, the trip comes up the next week and you have to have so much down payment on it, and they don't realize that so many soldiers have families back home that they have to send money to. If they can have them at a more reasonable price, I think every soldier would be able to go.

Further, Sergeant Wynne recommended:

I think every kaserne in Europe should have a tour office. There is no reason in the world why each company and each battalion shouldn't have at least one tour arranged on a weekend basis as far as a 4-day weekend. The companies can work around this. They talk about USO trips and get 25 people and you go on your merry way, but let me tell you something, you try to get 25 people up; you can't do it by yourself. You have to have somebody with some pull. Being an E–5 in the Army, you don't have any pull. You've got to work as a team. That's one of the biggest problems in the Army right now, everybody is out for himself.

Quite frankly, there could be time (for the trips), there could be something set up where you could use the USO a lot more, because it's there and it can be utilized a lot more than what it is if the battalion commanders will back it up. My personal belief is there should be one man designated. It doesn't have to be an officer, because to line up at least one trip per month, it could be utilized and it could be backed up on the train schedules and your company commanders and first sergeants, say, "We will work train schedules in, we will work a duty roster around these trips. Can we have volunteers, say two weeks ahead of time, we have a choice to go to Berchtesgaden or to Munich, and this is the rate, and this is how it will be done, volunteer now." If this will be utilized, it could be a worth while thing. It would help * * * if you would train these people at least 3 to 4 months before sending them over to Europe, let them know the background of Europe, let them know how the Europeans react over here towards the Americans and how the Americans must react towards the Europeans to live in this society.

In addition to the social isolation and language barriers, the young soldier is faced with physical facilities on base that are often not only inadequate, but in some instances a disgrace. Most of the facilities occupied by the U.S. Army in West Germany are former German Army kasernes captured from the Germans at the end of World War II. Enlisted personnel are living in barracks built 35 to 40 years ago. Inspection of these barracks revealed, in some instances, overcrowding, complaints of lack of sufficient hot water, poor heating, and in general lack of privacy. Motor pool maintenance facilities are often exposed to the elements and some even work on dirt floors. Recreational facilities are inadequate in quantity as well as in types of recreation offered. At one facility it was reported that only one

gymnasium existed for 14,000 personnel. The committee heard reports of hobby and craft shops that did not have adequate supplies, instructors, or kept hours that prohibited use by many enlisted personnel. The lack of sufficient recreational facilities makes it very difficult for the soldier to constructively use free time. The tensions and frustrations that build up are difficult to cope with when recreational outlets are limited. The result is that often the bored, lonely, and frustrated GI turns to drugs as an alternative. In this regard, Pvt. Diaz stated:

Plenty of guys, when they come from the States, they figure they leave the environment back in the States coming to Europe, they can start their whole new life, and when they get over here, it is just a whole lot worse than it is back in the States. Some people say, "Well, the Government is working on it, the Army is working on it, I still see no change at all." My experiences, people that I've seen, that come over here were using drugs a lot less then when they come over here. It just builds up and gains on them from the boredom. They have no activities, no kind of recreation. They have recreation, but not really enthuse themselves, something for them to enjoy. You go to every kaserne, every recreation is the same. You have a gym, a recreation center, and an NCO club. You have got to have more than that to keep our soldier busy.

Further, Sp. 4 Stephaney Sellers, a CDAAC counselor from Company C of the 317th Engineering Battalion, had the following observations:

After 9 or 10 o'clock at night, his (the soldier's) NCO club is open. His EM club is open. It is a place with a lot of alcohol and loud music, which kind of keeps a real conversation down and a lot of wild booze up. His photo shop is closed, his craft shop is closed, there is no coffee house where he can go and be clean and sober. His gym is closed. So it kind of implies that you can stay up and drink but you can't stay up and develop photographs.

PFC Rucker expanded on some of these problems:

On recreation, on the post that I'm on, there is none. There is some, but it is so bad the people don't even bother with it. We have a broken down theater that the film projector, all it does is crackle and crink all through the show and you can barely hear the sound. We have a craft shop with no supplies. You go over there, you have to have your own supplies, and you have to buy it on the German economy, and it gets very expensive. We have a gym which is an air bubble gym, I think that's what you call it, it's a gym, a temporary gym. It is a nice gym, it is about the nicest thing we got. Our club is all broken down, it doesn't have recreation for all people.

We only have certain recreation. They don't have all the recreation that they should have. Like myself, I am a musician, and there are no facilities where I can go and plug my guitar into an amplifier and play it. There is no place where a person can go play a game of pool, or sit down in an atmosphere where there is no drugs or alcohol and just drink coffee. In sports, football, soccer, basketball, or wrestling or boxing, we have no coaches to teach us.

In addition to the internal anxieties experienced, the GI is also pressured externally from his peers. With hashish usage estimated as high as 90 percent in some units, a nonuser is under great pressure to conform with the status quo. This peer pressure coupled with the generally accepted belief that marihuana (hashish) is socially acceptable is often enough to convince the nonuser to become involved. The social acceptability of marihuana is a view widely adhered to among the younger members of society, and some studies have estimated that well over half of all high school seniors in the United States have tried the drug. This is the population from which the Army selects its recruits.

There is also a problem related to training and "sense of mission." During training exercises the soldier, particularly in a frontline combat

unit, is busy and has a minimum of free time. However, training exercises are only periodical events, and much time is spent between exercises with very little to do and the familiar symptoms of boredom and frustration begin to surface. Even during training, there is often a failure of the enlisted man to appreciate and understand the importance of his mission. It is difficult for the young soldier to understand why he is helping to defend a country that appears so prosperous, whose currency erodes the value of his currency, and refuses to accept him socially in many instances. These factors cause him to question his self-image and self-esteem and often, as a result of the ensuing despair, the young soldier turns to drugs. Ms. Carol Bruce, a clinical supervisor of the CDAAC at Bad Kreuznach, made the following observations:

I would like to add that many of the service members who come to these sites are in what they call MP MOS related things. They are under the impression they are coming to work in a different kind of job, and this makes a difference as far as they are concerned out at these sites. In expressing their concerns to me, a lot of them feel that the missiles and things they are working on are really outdated and they are not of value. I don't know how true this is, but in talking to them, this is what I get. And that is, again, job satisfaction. If they could be training on something they know is going to be used in the time of a crisis, or is of value, I think it would be much more meaningful for them. They are very concerned that maybe they should rotate back to a white hat duty, as they call it, kind of patrol and then out to the sites again on a rotating basis, because they pull 24 on and 24 off, and they are not able to go anywhere, get involved in these fantastic trips because they have to be back within 24 hours.

Having been in Germany before, having been in France in the time that the American Forces left France, it is very obvious to me that our problem goes much deeper than just drug and alcohol. It is where we are as far as the German community is concerned. The attitude of the Germans has changed towards Americans. Myself, having been here twice, we really see a different attitude and it is very difficult for me, having traveled and gone around, to get back out into the mainstream when they tell me my dollar is no good and we really don't need the Americans.

The social problems are even more difficult for the young black soldier. Some establishments that do allow the GI's to enter, discriminate against the black soldier. The small number of English-speaking women in Germany is a problem for all GI's, but for the black soldier, the problem can be compounded because of his color.

In light of these perceived problems, it is encouraging to note that, in many cases, the command is also aware of the environmental difficulties. According to General Blanchard:

Unfortunately, we are resource-limited to the degree that those funds are competitive for other uses as well. I hope you had an opportunity, for example, to take a look at some of the facilities in the community and that you recognize that they are limited facilities as a whole in terms of their effectiveness, in terms of the backlog, the essential maintenance, and so on. There is a great deal that can be done within the unit itself without a lot of facilities.

The kinds of activities are largely physical activities and they are activities that can be organized in terms of athletics of all different types. But they are limited, of course, because of weather, particularly at this time of year. It is not very conducive to that type of thing. They are limited because our gymnasiums in terms of either numbers or quality are not of the type we would like. We have submitted, and continue to submit, recommendations and requests for additional (facilities).

Each community commander has a community life program addressed specifically to this area, some of which can be done without a great deal of help, others which demand appropriational assistance in order to see that it gets done. The limitations are limitations in many cases of ingenuity on the part of commanders in order to accomplish these objectives. We do as much as we can in the area of tours and opportunities for travel of the soldier. We had been somewhat limited because that takes money, and then the dollar relationship has suffered in Europe as you are aware. The Germans themselves have helped in a lot of ways, the

German military and the German civilians. In addition, we have at the Armed Forces Recreational Center, which is being better used than ever before, and which is able to keep its prices comparatively low, which helps with the dollar-Mark crisis. Regardless of all those things, we don t have the facilities that we would like to, and I am afraid that people being people, we don't have it at the same level at every command support for those activities * * * (.) We have to do a better job in motivating these people ourselves, so we have a lot to do.

The committee talked with hundreds of enlisted personnel and heard literally hundreds of suggestions and complaints. However, one underlying suggestion to curb the drug problem always surfaced regardless of rank. From General down to E–1, there is unanimous agreement that the tour of duty overseas for the first time, unmarried GI should be reduced. The suggested length most often heard was 18 months. Brig. Gen. Grail Brookshire, spokesman for General Haig and the Headquarters, European Command, recommended the following in his testimony:

We need to reduce tour length of our young, first-term, unaccompanied Army soldiers in Germany to 18 months. Studies and Commanders' experiences tell us that current tour lengths of up to 40 months for these young people are just too long, and are a contributor to drug abuse.

Tours have been 3 to 4 years, and a recent directive has reduced some tours to 2 years. There is a general belief that 18 to 24 months is the cracking point for many soldiers who eventually turn to drugs. The theory behind the reduced tour concept is that many soldiers, faced with the promise of an early return home and its familiar environment, will be able to fight off the pressures to resort to drugs.

III. COMMAND RESPONSE

Curtailment of the drug abuse problem within the U.S. Army cannot succeed without absolute support from throughout the command. The fact that a drug problem exists is not new. The committee readily recognized the established drug abuse situation in the military in 1976. When committee hearings began in the spring of 1978, it was discovered little had been undertaken recently to alleviate the problem and, in some instances, resources had actually been cut back. The perception of the drug problem was inconsistent as there was a lack of emphasis on the issue within DOD; clearly reflected within the Health Affairs chain of command. The administrative structure was arranged so that the Assistant Secretary for Health Affairs was the only Assistant Secretary who did not report directly to the Deputy Secretary or Secretary of Defense. The priorities were mirrored by resource allocations, reflecting the fact that the drug problem was considered by DOD to be under control.

Finally, on July 27, 1978, after a series of hearings publicized the situation, Deputy Secretary of Defense Charles Duncan announced before the committee a Department of Defense 12-point program to attack the drug abuse problem on all fronts. One aspect of the program, however, was to appoint a Special Assistant for Drug Abuse to the Assistant Secretary of Defense for Health Affairs. The Special Assistant is working very closely with Congressman English and the committee in an attempt to develop a set of viable recommendations to ameliorate the drug abuse problem. The recommendations are included in this report.

On November 11, the task force met with the Supreme Allied Commander in Europe, Gen. Alexander Haig, to obtain his views on the drug abuse problem in Europe. That meeting, coupled with the testimony of Brigadier General Brookshire before the committee, provided the perception and viewpoint upon which the joint command response is based.

One joint command response to the drug abuse situation was to establish a semiannual triservice drug/alcohol symposium, the purpose of which was to gain a feel for the overall problem within the command. Due to a lack of standardization in reporting and definition, it was difficult during these symposia to gain a feel for the magnitude of the drug abusing activities within the entire command. A European Command drug abuse seminar was conducted in April 1978 that resulted in (1) standardized definitions for command drug abuse terms and (2) standardized methods for drug abuse reporting.

As a result of these efforts, the European Command has concluded that it has a serious drug problem and that it impacts upon the command's combat readiness. Actions are currently underway to address the problem now that a standard baseline is being established. According to General Brookshire:

We needed to know the magnitude of the drug abuse problem. In response, General Haig asked that action be taken to determine the magnitude of the problem, and to take necessary corrective actions. Within this mandate, the component commands, in concert with this headquarters, considerably intensified efforts in the drug abuse prevention area.

First: To develop methods to identify the magnitude of the problem, we conducted a European Command Drug Abuse Seminar here at Headquarters, USEUCOM, In April of 1978, to develop common procedures and techniques, and print a directive that would codify our efforts.

We did accomplish this and we printed a European Command Directive that standardizes definitions for common drug abuse terms, standardized methods for drug abuse reporting, and requires that component commands, using the new standardized procedures, provide this Headquarters with a quarterly report. This report will permit us to measure the commandwide magnitude of the problem and, over time, direct our priorities and measure the effectiveness or the corrective drug abuse programs.

In summary, the report tells us that the European Command has a drug abuse problem. We consider it a serious problem, as anything that adversely impacts upon the ability of this command to fight and win as serious. And we are equally concerned about the exploitation of young Americans and the destructive effects of drugs on their lives. Most important are the facts that you have identified as the problem and the considerable actions underway to address the problem, and have, through our new reporting procedure, established a baseline which will allow us to measure the results of our program.

In an effort to get a feel for the nature of the drug problem so that we could work toward solutions, during August of 1978, we conducted a brainstorming session here at the headquarters in which general and other senior officers, primarily from command positions, participated. Some of the most interesting points developed during this session are:

Our commanders must intensify their efforts to keep our people productively occupied, especially during off-duty time.

Command presence must always be felt in the barracks.

We must work to eliminate negative peer pressure.

As far as use of drugs is concerned, off-duty activities are more important than on duty. The depressed value of the dollar is making virtual prisoners of many of our young people in military kasernes. We must have morale, welfare, and off-duty recreational programs to offer them alternatives to drugs.

We must work to remove legal and regulatory constraints that currently inhibit our corrective efforts in the drug abuse area.

We must attack the total drug system from the source to the user.

The American military forces in Europe have each developed drug abuse programs suitable to their respective needs. In each instance, additional resources are required in the form of personnel, facilities, and finances. At the joint command level, liaison efforts are underway with administration, congressional, Department of Defense, Department of State, and host nation representatives. A four-man drug enforcement cell which will act as an interface between U.S. military and civilian law enforcement activities, and drug investigator and law enforcement personnel of host nations is in its formative stages.

In some areas command response is handicapped by various constraints. The need for more resources has been previously mentioned. There is also a pressing need for legislative assistance where U.S. law and certain interpretations of that law present major impediments to prosecution of drug abuse cases. Specifically, command response to the drug abuse problem can be enhanced by the following action:

(1) Removal of the effects of *U.S.* v. *Jordan*, which renders inadmissible in courts martial such evidence collected by foreign authorities which does not conform to U.S. rules of evidence, even though the documentation meets host nation rules of evidence.

(2) Removal of the effects of *U.S.* v. *Ruiz*, which requires the military departments to separate an individual with an honorable discharge when the reason for separation is based on evidence developed as a direct or indirect result of a urinalysis test or by a service member volunteering for treatment for a drug problem.

The ruling of *U.S.* v. *Ruiz* is of particular concern to the command as it provides a pathway for an individual to obtain a drug-related discharge with full benefits. There is a belief within the command that some soldiers who want to renege on their enlistment commitment purposefully resort to drugs as a vehicle for early discharge, thereby creating a credibility problem regarding the military system and its concept of justice. Command response to the drug abuse problem can be greatly enhanced by removal of these judicial restrictions.

The committee met in Heidelberg on November 12 with Gen. George S. Blanchard, Commander in Chief, U.S. Army, Europe, and 7th Army, and heard testimony from General Blanchard at the committee hearings in Stuttgart. It is recognized that a drug abuse problem does exist within USAREUR and in response the command has initiated action in several areas.

General Blanchard has personally addressed the issue of drug abuse in two separate letters to all commanders, including company commanders. According to General Blanchard:

[The first letter was disseminated on August 24, 1978, and reads as follows:]

I am deeply concerned about the increasing availability and abuse of drugs in the U.S. Army, Europe. Drug abuse represents a threat to the readiness of U.S. forces and affects the living and working conditions of every USAREUR soldier.

Recently we began selective unit urine testing for company size units (SUUTCO) to determine the extent of drug abuse in USAREUR. This program will help to provide a drug-free environment. It is not harassment. In this regard, I expect commanders to supervise personally the implementation of SUUTCO to insure that all testing is conducted in a dignified manner and individual rights of privacy are not unduly infringed.

Challenging training, educational opportunities, and a variety of recreational activities are available as meaningful alternatives to drug abuse. Commanders

and supervisors should emphasize these alternatives and provide effective counseling. We must also make every soldier aware of the dangers drug abuse poses to the individual and to USAREUR.

Together, we must minimize the effects of drug abuse in USAREUR by prevention, whenever possible, and provision of help for those who need it. I urge every member of this command to support the Alcohol and Drug Abuse Prevention and Control Program.

The second letter specifically addresses the issue of recognition for the commander or supervisor who has been particularly effective at dealing with the drug problem. On October 19, 1978, I dispatched the following communication also down to company level:

A vigorous program for identifying alcohol and drug abusers and reducing this abuse in USAREUR units is essential if we are to maintain our personnel readiness.

Commanders at all levels must be involved and committed to reducing the impact of alcohol and drug abuse in their units. USAREUR commanders have my wholehearted support in their efforts to reduce such abuse by pursuing lawful and vigorous alcohol and drug identification and prevention program. I expect the chain of command to support these endeavors by all appropriate means, to include recognition of achievements in connection with this program.

Additionally, on August 5, 1978, I dispatched a message to all commanders, to include our community and subcommunity commanders, stating in part:

I want you and your NCO's to get thoroughly involved personally. Initially, our drug education programs need to be upgraded to insure that the young soldier understands the implications of the use, even though experimental, of hard drugs and the need to curb it. Second, our attempts to ferret out drug abusers must be intensified. We have numerous resources to do this, including Provost Marshal activities, searches and seizures, health and welfare inspections, our various urinalysis programs, and so forth. I want you to become personally involved in using all the capabilities that we have. Third, I want you to insure that the CDAAC's are performing well. You need to make frequent visits to check on the quality of their people and the effectiveness of their counseling of your soldiers Fourth, you need to crack down on the drug abusers themselves.

Our efforts to identify drug abusers must be intensified. Every legal and authorized means for accomplishing this effort should be utilized.

By cracking down on the drug abusers themselves, I mean for you to take whatever affirmative action is proper and appropriate to deal with each individual case. Where rehabilitation is deemed appropriate, is should be attempted. Where administrative disposition is deemed appropriate, the various administrative mechanisms at your disposal should be employed. If appropriate and warranted, article 15 or judicial action may be initiated against drug law violators. In each instance, you as commanders have freedom to select the appropriate disposition.

Command response in the area of law enforcement has been to:

(1) Emphasize that drug suppression is a No. 1 priority.

(2) Open a Drug Suppression Operations Center, DSOC, the purpose of which is to centralize USAREUR's efforts in acquiring, analyzing, and disseminating all available drug data. It is anticipated the DSOC will provide for improved coordination, a more rapid response to drug intelligence, and better utilization of law enforcement assets.

(3) Work for continued cooperation and improved working relations between the Federal Republic of Germany and U.S. law enforcement agencies.

(4) Build up the MPI and CID forces to enhance USAREUR's capability to take more drugs off the street and out of the military communities.

It is also recognized that improvement is needed in the treatment and rehabilitation program. The Community Drug and Alcohol Assistance Centers (CDAAC) need to be upgraded and incorporated more tightly into the chain of command. In order to accomplish this,

more resources and training of personnel will be required (see section VI. Treatment).

The command has recognized that the general environment in which soldiers live and work must be improved and has asked the help of Congress in support of these efforts. The environmental factors of concern have already been addressed in this report.

On November 22, at the conclusion of the hearings, General Blanchard met with committee members English, Collins, Evans, and Gilman in response to the task force findings from its study in USAREUR. An agreement was reached on eight major observations:

1. The Army is ready to fight and perform its mission, but the command and the committee agree that there is a drug abuse problem of great concern within USAREUR which will require immediate action to contain. Both the committee and the military leadership will propose numerous recommendations within the next few months in an effort to more adequately deal with the drug problem.
2. There are a number of reliable tools (surveys, etc) used to indicate the extent of drug abuse problems, many of which are not utilized in any other segment of American society. While individually imperfect, in combination they are valid, generally indicating the extent of the problem.
3. There is need to increase the professional capabilities and quality of the Army investigative, law enforcement, treatment, and rehabilitation programs.
4. The two most important factors to be examined in the forecasting of levels of drug abuse are supply and price. These factors must be carefully reviewed in areas of significant concern.
5. One point of unanimous agreement from the highest levels of command to the lowest enlisted personnel and the committee is that inadequate facilities (recreational, living, etc.) within USAREUR contribute to the drug problem.
6. The values and attitudes of American society toward drug abuse are reflected within USAREUR and the effect of those values are exacerbated by environmental conditions such as availability, price, and living conditions.
7. Substantial progress in reduction of USAREUR drug abuse problems will be most difficult without increased effectiveness of international supply suppression. This will only be accomplished through cooperation between the Government of the United States and the FRG, as well as the cooperative efforts of other governments on the European continent and elsewhere.
8. A shortened tour of duty for the first term unaccompanied soldier will help in resolving the drug problem.

IV. USAGE PATTERNS

Data Collection

According to Brig. Gen. William H. Fitts, Deputy Chief of Staff, Personnel, Headquarters, Department of the Army, Europe and 7th Army, USAREUR uses its own USAREUR Personnel Opinion Survey (UPOS) to determine usage patterns and prevalence. This is generally considered to be the most reliable tool the Army has for this purpose. However, according to General Fitts, the following indices are also used:

In addition to the UPOS, we monitor several other indicators that assist in determining the extent of drug abuse. For example, we track the number of soldiers arrested for both use/possession and sale/trafficking of drugs; the number of personnel identified as drug abusers who are entered into rehabilitation; the number of new hepatitis cases; and the number of alcohol/drug-related disciplinary actions and administrative separations.

Before discussing the details of the Army's current prevalence estimates, it should be noted that according to General Fitts, the derived figures suffer from the following deficiencies:

While a number of our indicators suggest an increase in drug abuse over the past 12 months, they should be viewed in light of two factors. First, the statistics

we track are influenced significantly by the amount of effort dedicated to combating the problem and the degree of command emphasis placed on identifying drug abusers. Second, the abuse of drugs by type may vary considerably over time based primarily on factors such as ease of availability, cost, and preferences within peer groups.

A thorough analysis of all available indicators has led us to the conclusion that the abuse of heroin is definitely increasing, based primarily on ease of availability and low cost, but the total population of narcotics and dangerous drug abusers has remained about the same during the past year. The preliminary results of our October UPOS tends to support this analysis.

It is not entirely clear from the statement how the abuse of heroin is increasing while the total population using narcotics and dangerous drugs is remaining stable. One interpretation of the statement would seem to indicate that heroin abuse must be increasing in frequency. However, an evaluation of the statistics General Fitts submitted to the committee reveals that the conclusion is based on recent declines in offenders identified for use/possession, and on mild declines in quarterly averages for new drug confirmations of dangerous drugs. The nature of the statistics precludes a determination of whether current users of dangerous drugs are switching to heroin, or nonusing soldiers are being drawn to the heroin habit.

Drugs of Abuse

The most commonly available illicit drug in West Germany is unquestionably hashish (cannabis). Its use is pervasive and has seemingly become an endemic aspect of the lower enlisted, military barracks lifestyle.[1] The Army in Europe (USAREUR) estimates that approximately 31.6 percent of the E–1 to E–4 population is using a cannabis product on a monthly or more frequent basis. For the entire USAREUR population, UPOS identified 19 percent as monthly or more frequent users of hashish.

In the UPOS, 8 questions (out of 74) address drug abuse. These eight questions specifically ask the respondent to indicate how frequently he/she uses PCP, marihuana/hashish, Mandrax, amphetamines, barbiturates, hallucinogens, opiates, and cocaine. For the purposes of presentation to the committee, however, USAREUR chose to group the data into two categories: (1) Cannabis and (2) narcotics and dangerous drugs (monthly or more frequent use).

The statistics from the January 1978 UPOS indicate that 7.8 percent of the entire population is currently abusing narcotics and dangerous drugs, up from 6.7 percent in April 1977. As was noted previously, the total population of narcotics and dangerous drug users has been relatively stable. Therefore, the bulk of the detected increase in this figure would be attributed to increased heroin abuse.

It is clear that in spite of the various drugs available to military personnel in Germany, the primary concern of USAREUR is the high availability and rising abuse of high-grade heroin as the major threat to combat readiness. The majority of the USAREUR detection and suppression efforts are geared toward this drug. According to Brig. Gen. Theodore S. Kanamine, Provost Marshal, Headquarters, U.S. Army, Europe, and the 7th Army:

Dangerous drug abuse remains at relatively low levels due in part to the recent popularity and availability of heroin. Our chief concern is the increase in narcotics

[1] "The Bases of Endemicity of Illicit Drug Use in a U.S. Army Enlisted Population," Harry Holloway, M.D.; Colonel, M.C., Division of Neuropsychiatry, WRAIR.

cases. While a portion of the increase can be directly attributed to our intensified law enforcement program, the statistics reflect the degree of heroin availability and the potential threat that it poses to our servicemembers.

The quality of the heroin is such that many users smoke it or sniff it per nasum. Since heroin is rarely as pure in the United States as it now is in Europe, few studies on the addiction potential of the various modes of administration have been undertaken. In reviewing the Vietnam studies, products of the closest experience we have with such pure heroin, one report suggested the following: [2]

> Unfortunately, the pharmaco-kinetics of heroin taken by nasal sniffing have not been adequately studied. Since heroin is readily absorbed by the nasal mucosa and through the pulmonary alveoli, one may assume that most of that which enters the nares is absorbed * * *. Noteworthy are the remarkable levels of tolerance developed by soldiers in all three subgroups (three methods of administration), especially by certain of those who used heroin intravenously. The ability of the individuals in this study to take such high daily dosages of heroin without evidence of overdose certainly supports the well-documented observation that in man, impressively high, if not unlimited, levels of tolerance to certain effects of opiates, such as respiratory depression and lethality, can develop.

In assessing signs and symptoms of acute heroin withdrawal among U.S. soldiers in Vietnam, observations of extreme importance if soldiers must go into combat when a heroin supply is cut off, the study noted the following:

> Generally, the subgroup who smoked heroin had the lowest frequency of withdrawal symptoms both by self-report of previous experience and by physician observation in the treatment center. The subgroup of intravenous users had the highest frequency of withdrawal signs and symptoms. The frequency of signs and symptoms in the subgroup which self-administered heroin by sniffing is generally between that reported for the other two subgroups.

Further, with respect to withdrawal intensity for U.S. soldiers in Vietnam, the report stated:

> Generally, the degree of intensity of withdrawal, based on qualitative estimates, was greatest in the subgroup who self-administered heroin intravenously and lowest in the subgroup who self-administered heroin by smoking.

In light of these findings, it is discouraging to note that the monthly average of new cases of hepatitis per quarter in USAREUR has been steadily rising from the fourth quarter of 1977 (66) to the third quarter of 1978 (144). Any study designed to determine the effects of heroin abuse on combat readiness should not ignore the differing methods of self-administration. It is the addiction potential and its consequences that are key issues when addressing heroin abuse within the military environment. Consequently, it is surprising that the UPOS makes no attempt to collect this sort of data.

Scope of Abuse

In terms of overall usage patterns, examination of opiate drug-positive frequency within total laboratory urinalysis positives seems to reinforce the notion that opiate abuse is increasing. As a percentage of the total number of positives, opiates account for over 50 percent. Optimistically, the trend has been relatively stable since February 1977. Amphetamines and methaqualone (Mandrax) have shown decreases as percents of the total number of positives, while barbitu-

[2] Ream, Norman W., "Opiate Dependence and Acute Abstinence," WRAIR.

rates have also been rising. Maj. Gen. Spencer B. Reid, M.D., Chief Surgeon, Headquarters, USAREUR and 7th Army, has interpreted this data as reflective of usage patterns.

Regardless of the possible inaccuracy in terms of the actual prevalence magnitude of the Army's general drug abuse data, there seems to be enough variety to identify the above discussed trends. The committee does not take issue with these perceived trends, although they are subject to the limitations previously described by General Fitts. The Army knows generally what is available, at what cost, and the overall preferences of peer groups.

In estimating the magnitude of the problem, however, the committee is not in complete agreement with the Army. While in Germany, the task force conducted its own updated Military Drug Abuse Survey (see section entitled "Questionnaire"). Unlike the UPOS, this survey dealt exclusively with drug abuse, and requested comparatively little demographic data. The UPOS requests the following potentially indentifying data: (1) Precise age; (2) precise rank; (3) sex; (4) highest level of education; (5) race; (6) type of housing; (7) time in Europe; (8) time working with current supervisor; (9) marital status; (10) number of dependents in Europe; (11) supervisor evaluation; (12) part-time job income; (13) employment status of spouse; (14) monthly payment for debts; (15) rank/grade of immediate supervisor; (16) patch worn on left shoulder of uniform; (17) length of time in the Army; (18) type of unit assigned to; and (19) monthly rent (if on the economy). The UPOS requests that respondents admit to a serious offense under the UCMJ (illicit drug abuse) after furnishing the above information.

General Fitts provided the following breakdown for the January 1978 UPOS data:

> Military personnel age 25 or younger, for narcotics and/or dangerous drugs (monthly or more often) is 6.1 percent, narcotics is 1.8 percent, dangerous drugs 5.3 percent, and cannabis 23 (percent). When you drop that down to look at the E–1's through E–4's, at that age, it would be 8.3 percent that would tell us that they are on narcotics and/or dangerous drugs, 2.5 percent on narcotics, and 7.5 percent on dangerous drugs, and 31 percent on cannabis. Take that same group, E–1 through E–4, age 21 or younger in combat units, and it rises to 10 percent that would admit that they are on narcotics and/or dangerous drugs, 3.4 percent on narcotics, and 9.3 percent on dangerous drugs, with 34 percent admitting to cannabis.

The committee, in designing its own survey, felt that an inordinate number of demographic requests might inhibit respondents. Consequently, only four items on the above list were asked: Rank, age, time in Germany, and time in the Army. It is difficult to explain why the committee received such high rates in the self-report section of its survey when compared to the UPOS data. One can only surmise that part of the difference is explained by the demographic requests and the sponsors of the survey.

As discussed earlier, the January 1978 UPOS indicated that 31.6 percent of the E–1 to E–4 population is using cannabis monthly or more frequently. The committee's own survey, with its significantly smaller sample size (626), found that 58.2 percent of those who responded would admit to the monthly or more frequent use of the drug (see "Questionnaire").

The following list indicates the percent of the respondents admitting use of these drugs once a month or more often (based on the committee's survey):

	Percent
Cannabis	58.1
Cocaine	9.4
Heroin	10.3
Depressants	12.9
Amphetamines	16.9
PCP	3.6
Other drugs (LSD, peyote, etc.)	7.3
Beer and/or wine	81.4

The UPOS for January 1978 indicated that 12.5 percent of the E–1 to E–4 population was using narcotics or dangerous drugs monthly or more often. The committee's survey found that 23.2 percent of the respondents are using narcotics or dangerous drugs within these defined frequencies.

Unfortunately, the debate over whose statistics more closely represent the substance abusing activities of the E–1 to E–4 population in Germany could continue for some time. But it is interesting to note that General Fitts asserts that the committee's statistics are somewhat inflated due to peer pressure:

> The peer pressure comes in many ways. One, I think a young soldier is reluctant to admit that he has not experimented with drugs because it is popular to say that you have. How much that influences the responses that your committee finds in talking with the young soldier, I do not know. I know that there is a propensity for a lot of people to tell you what they think you want to hear as opposed to what you really want to derive from the facts. Like in some of the young soldiers in groups, in their comments to me and to my commanders of how many are involved in drugs, similar to being a young 18-year-old myself in high school, bragging about my sexual prowess, I was reluctant to say that I was still a virgin. I sense there is some of that in the questionnaire and the responses that you receive from young soldiers.

On the other hand, the RAND Corp., an organization that has designed surveys acclaimed throughout the drug and alcohol field, has reviewed the services' personnel surveys and offered the following observation:

> Our impression of alcohol and drug studies conducted by the services is that they have been plagued with problems of low response rates combined with underreporting of usage and related behaviors.[3]

On Duty v. Off Duty

In assessing both drug-usage patterns and their effects on combat readiness, it is important to consider where and when drugs are most often used, and under what circumstances their effects prevail.

The Army (and the other services, as well) has consistently maintained that most (if not all) drug abuse occurs off duty. In the continental United States, the Army believes most drug abuse occurs offbase.

In Germany, however, the situation is different. It is generally believed by USAREUR that factors which foster drug-abusing behavior can be found in how a soldier occupies his or her off duty time. At the hearing in Stuttgart, Brig. Gen. Grail L. Brookshire, representing General Haig, stated:

> Our commanders must intensify their efforts to keep our people productively occupied, especially during off duty time.

[3] Memorandum from Zahava Doering, The RAND Corp.; to Richard Danzig, DASD (program development), Department of Defense. "DOD Drug and Alcohol Abuse Questionnaire: Comments," July 13, 1978.

As far as the use of drugs is concerned, off duty activities are more important than on duty. The depressed value of the dollar is making virtual prisoners of many of our young people on military kasernes. We must have morale, welfare, and off duty recreational programs to offer them alternatives to drugs.

There is no question that the quality of life of the American GI in Europe needs improvement. Frequently, however, the resources are simply not present to adequately provide each small military community in Germany with first-class facilities (see section entitled "Environmental Factors"), and a soldier dissatisfied with both his/her job and off duty time may often seek proscribed methods of recreation.

The dissatisfaction can carry over into working hours, particularly if the job is boring or tedious. Consequently, the committee sought to request some information in its survey that would indicate whether or not soldiers were using drugs on duty.

Since the UPOS does not seek information concerning on duty drug use, and offers no lessons on respondent reaction to such questions, the committee broached the subject with a certain amount of caution. The committee's survey asked only the following question: "Have you ever used any of the following on duty (during working hours)?"

The responses were as follows:

	Percent	
	Yes	No
Marihuana/hashish	52.3	47.7
Cocaine	12.0	88.0
Heroin	9.7	90.3
Uppers	22.9	77.1
Downers	14.9	85.1
PCP	3.4	96.6
Other drugs (LSD, peyote, etc.)	8.7	91.3
Alcohol (beer, wine, hard liquor)	53.3	46.7

The above responses are alarming if only because 52 percent of those responding admit that they have personally used marihuana or hashish on duty. Unfortunately, this particular question does not provide frequency or intensity of self-administration behavior. Additional insight in this area can be gleaned from two other questions:

(1) We are interested in where and when drugs are used. Drugs are often used:

(*a*) Location: 15.7 percent on base; 9.4 percent off base; 74.3 percent about the same for both.

(*b*) Time: 1.2 percent on duty; 47.3 percent off duty; 51.1 percent about the same for both.

(*c*) Day of the week: 19.4 percent weekends; 2.5 percent weekdays; 77.5 percent about the same for both.

(2) Given the amount of drugs the men/women in your unit use, do you think they could go into combat and perform to the best of their abilities?

Answer. 46.0 percent yes; 50.0 percent no; 4.0 percent don't know.

It is difficult to interpret the actual implication of this data since it clearly deals in perceptions only. But part (b) under question (1) clearly demonstrates a cause for concern. The 51.1 percent does not

notice any clear distinction between frequencies of on duty and off duty use. This would seem to negate the perception of the command that drug abuse is nearly always an off duty, weekend activity.

A closer examination is required before the on duty, off duty issue can be resolved. Given the implications in terms of combat readiness and combat efficiency, such scrutiny is clearly warranted.

V. DETECTION AND IDENTIFICATION

Drug abusers are identified by urinalysis, law enforcement activity, self-referral, medical referral, or command referral. Regardless of the method by which the initial identification is made, confirmation, usually medical, is required before an individual is officially classified as a drug abuser.

Urinalysis

In terms of absolute numbers, the USAREUR urinalysis program provides the second highest number of identified drug abusers who are subsequently entered into treatment programs. Between April and September 1978 (second and third quarter), 1,104 individuals were identified through the urinalysis program and entered into treatment. This figure compares favorably with the 1,973 new program entries identified through law enforcement activity during the same time frame, if only because those identified through urinalysis are all users of opiates or dangerous drugs, while the majority (over 50 percent) of those arrested are referred for cannabis abuse. In terms of identifying the abusers of narcotics and dangerous drugs, urinalysis has an advantage in that all efforts of this program target those who conceivably need treatment most.

Maj. Gen. Spencer B. Reid, M.D., Chief Surgeon, Headquarters USAREUR and 7th Army, furnished the committee with a record of urinalysis positives for fiscal year 1978, broken down by drug for four major drugs, and plotted on a monthly basis. According to Major General Reid:

> There have been striking shifts in composition of total positives with opiates and barbiturates increasing and amphetamines and methaqualone decreasing. This would seem to indicate shifts in patterns of usage.

During fiscal year 1978, opiate positives increased from 43 percent to 56 percent of the total number of positives. Barbiturates have increased from 2.7 percent to 11.8 percent of the total. This figure may or may not reflect usage trends, in that many of these specimens are furnished as a part of a CDAAC followup procedure. The shifts may simply reflect changing success rates with users of certain types of drugs.

USAREUR currently uses two basic forms of urinalysis: Commander-directed testing and SUUTCO (Selected Unit Urinalysis Testing of Company-Sized Units). Specimens are tested for the presence of opiates, methaqualone, amphetamines, and barbiturates.

Commander-Directed Urinalysis Testing

Commander-directed urinalysis testing (CDU) is a targeting identification tool, generally regarded as [illegible] nature. Company commanders are entitled to request th[illegible] er day. If more are

desired, commanders can borrow tests from others who have not used their quotas. CDU testing from April to September, 1978, revealed that 64,301 tests were directed; 1,513 positives appeared, 855 for narcotics and 658 for other dangerous drugs.

Command-directed urinalysis can be an extremely effective method of targeting individual abusers who are inadequately hiding the effects of detectable drugs.

Additionally, according to Brigadier General Fitts:

> We have improved our monitoring capability to analyze the data produced from our regular command-directed urinalysis testing program. Through this effort, we expect to identify high-risk drug abuse areas and improve our trend analysis.

The only weakness of CDU might be that its success relies on commander interest and knowledge of symptoms.

Selected Unit Urinalysis Testing for Company-Sized Units

Selected unit urine testing for company-sized units (SUUTCO) provides for unit sweeps. It is, in many respects, a more reasonable alternative to the defunct random urinalysis. General Fitts described the program as follows:

> Selected unit urine testing for company-sized units (SUUTCO) was initiated in May 1978 to provide USAREUR with an additional assessment capability of drug abuse trends. SUUTCO is an amplification of existing urinalysis (CDU) and provides for the testing of an entire unit when demonstrated need exists.
>
> The SUUTCO may be USAREUR-directed or commander-requested, and requires testing of all members of the unit regardless of age, grade, or sex. To date (Nov. 10, 1978) we have tested over 70 units using this procedure. We think that with the SUUTCO procedure, we have a tool that will greatly assist us in monitoring the drug situation.

Further, Brigadier General Fitts stated:

> SUUTCO is probably our best device for measuring the impact of drug abuse on combat readiness since it gives us a good indicator of the number of personnel abusing a substance at a point in time. The 3 percent of abuse in the 70-plus units that have undergone SUUTCO tends to nail down the scope of this problem on a unit basis.

As of November 10, 1978, 10,688 personnel or 72 units had been tested; 185 or 1.7 percent were confirmed positive for opiates; 56 or 0.5 percent for methaqualone; 58 or 0.5 percent for amphetamines; 22 or 0.2 percent for barbiturates; a total of 321 positives or 3 percent of the samples tested. (It should be reinforced that SUUTCO's test all members of the unit, whereas the UPOS statistics and the committee's survey are only referring to the young E–1 to E–4 population. The SUUTCO statistics may still be perceived as somewhat low when compared to self-report data.)

The SUUTCO program has definite potential to be a useful tool to deter drug abuse. When properly targeted, from intelligence based on availability, unit performance, drug-related arrests, et cetera, it should be an effective deterrent.

Law Enforcement

The nature and scope of the Army's law enforcement capabilities have been thoroughly examined in the section entitled "Availability/Enforcement." This discussion specifically addresses the role of law

enforcement activity in detecting and identifying drug users (and dealers) who are subsequently sent to treatment in USAREUR.

As previously noted, 1,973 individuals were entered into treatment as a result of arrest/apprehensions and detections between April and September 1978. The majority of these referrals are for cannabis. For example, during this time period, the following numbers of personnel were apprehended in the following categories:

Drug:	*Apprehensions*	*Percent*
Narcotics	117	15
Dangerous drugs	59	8
Cannabis	589	77
Total	765	100

Identified offenders for use/possession from April to September 1978 are as follows:

	2d quarter 1978		3d quarter 1978	
	Number	Percent	Number	Percent
Cannabis	699	85	549	83
Dangerous drugs	59	7	49	7
Narcotics	64	8	68	10
Total	822	100	666	100

Overall trends indicate that cannabis cases are leveling off or declining while narcotics cases continue to rise. This is generally indicative of high heroin availability and an increased emphasis on opiate detection through more extensive intelligence gathering, improved cooperation with DEA and the German Police, and a greater share of the resources targeted in this area. The monthly average of CID sale and trafficking cases for narcotics has doubled between the first quarter of 1977 and the third quarter of 1978. Of additional interest, 43 NCO's and one officer were convicted of trafficking in 1977–78.

The degree to which military personnel are involved in high-level trafficking is generally recognized as minimal. According to Brigadier General Kanamine:

> Military drug trafficking cases are not significant and usually represent small amounts of drugs. Approximately one-third of our cases involved narcotics which reflects the level of emphasis on our heroin suppression efforts.
>
> We are pleased with the success of our drug suppression program and anticipate even greater results in the near future. We shall continue to take all steps necessary to curb the flow of drugs to U.S. Forces personnel in Germany, because drug suppression has been identified as our principal law enforcement priority.

Self-Referrals

As a means of identification, self-referral is quantitatively one of the lowest suppliers of personnel to treatment. From April to September 1978, 207 individuals identified themselves as narcotics abusers, 106 identified themselves as users of dangerous drugs, and 85 indicated they abused cannabis.

USAREUR undertook a study of drug and alcohol use prior to entry on active duty to determine whether the Army was a major contributor to drug abuse. The Army asked 3,059 self-admitted CDAAC clients if they used drugs prior to being placed on active duty.

Three out of four new clients used alcohol; one out of three new clients used a single illegal drug; one out of two new clients were polydrug users.

The self-identification (exemption) program is designed to encourage drug abusers to admit themselves to treatment by guaranteeing confidentiality and immunity from prosecution. Since over half of those using the program are abusing opiates, the qualitative nature of the referrals appears to be good. The Army has indicated that some individuals will use the program when they find they are only one step ahead of the CID. While no proof exists, it is probable that some of the 85 cannabis users who referred themselves were in this situation, or were seeking an early honorable discharge through the treatment program.

Portable Urinalysis Testing Units

The Army is currently testing newly developed portable urinalysis equipment. According to Brigadier General Fitts:

> Action is underway now for USAREUR to procure two enzyme multiplied immunoassay technique (EMIT) portable urinalysis machines. The operators of these EMIT machines have been selected and are undergoing training in CONUS now. A pilot program is being developed in conjunction with the 7th Medical Command to determine the advantages and disadvantages of portable urinalysis testing machines at various levels below the central laboratory level, to include cost, reliability, maintenance, operator qualification, morale, and regulatory considerations.

The committee has been encouraging the use of these machines because they provide for targeted field testing, a greater surprise factor, and a faster turnaround time.

Unfortunately, the Army has indicated that the EMIT system currently has a credibility problem. The Army is justifiably concerned about false positives, and it is hoped that the reliability of the EMIT system can be quickly improved.

Removal of Traffickers and Repeat Offenders From Units (Barracks)

In the course of the investigation in Germany, the concern was expressed that once an individual is charged with trafficking and/or dealing in illicit drugs, that individual remains in the barracks until the case is heard. While the case is pending, the alleged dealer may continue his/her trade, thereby permitting the flow of drugs into the barracks to remain unchecked. The same situation occurs with repeat, incorrigible offenders charged with use/possession. The negative peer pressures remain until the disposition under the UCMJ, which may take several months.

To facilitate the weeding out process, the committee has recommended a simple policy change: Individuals charged with drug trafficking or multiple use/possession offenses should be placed in special housing pending disposition or separation. While legal constraints naturally prevent incarceration, the goal of the special housing is simply to separate those who are strongly suspected of being hardcore drug users and/or dealers from influencing the recreational, off duty time of other soldiers not normally inclined to engage in such activity.

The separation policy could also help to disband the small, closely knit groups that are allegedly formed by drug abusers. These groups tend to reinforce each other's behavior and perpetuate the lifestyle.

This policy change would not be in conflict with current Army practices to remove from the organization those individuals determined to be failures while supporting personnel displaying a desire to be helped. According to General Fitts:

> The position of the Department of the Army is, and has been, that for those individuals who we have not determined that they are absolute failures and should be removed from the system, that the most supportive thing that we can do is to leave them in a responsible position in their current environment.

The current housing environment should indeed become more supportive if a substantial element of the negative peer pressure is removed.

VI. TREATMENT

Treatment of military personnel or their dependents who are detected using illegal drugs is primarily decentralized in the Federal Republic of Germany. This decentralization is necessary because so many of the command elements of USAREUR are scattered on small encampments in relatively remote parts of the country. In November 1978, the Army was maintaining 80 Community Drug and Alcohol Assistance Centers (CDAAC's) in various communities, and five extended care facilities for both drug and alcohol abusers in Frankfurt, Landstuhl, Heidelberg, Nuremberg, and Berlin.

The CDAAC program has suffered in recent years from both military and civilian personnel cutbacks, and a continually rising caseload. Consequently, the reputation of the CDAAC as an effective and credible treatment facility has diminished. Evidence of this diminished respect was alluded to by the command, as General Fitts asserted the following:

> We should improve the quality of the Community Drug and Alcohol Assistance Centers, thereby restoring commander confidence in the ADAPCP and subsequently increasing abuser referral rates by at least 10 percent.

Major General Reid, USAREUR's Chief Surgeon, exercises responsibility for major areas of the alcohol and drug abuse prevention and control program. According to General Reid:

> My staff has recently completed an initial analysis of the clinical effectiveness of 79 of 80 CDAAC's treating 3,913 substance abusers during the first and second quarters of fiscal year 1978.
>
> (*a*) Using the quantitative success criteria of retention on active duty, the ADAPCP successfully rehabilitated 60 percent of the 3,913 substance abusers. When the total sample is broken down, the ADAPCP successfully rehabilitated 65 percent of the 1,565 alcohol abusers and 57 percent of the 2,348 drug abusers.
>
> (*b*) Using the qualitative success criteria of retention with a commander's rating as an "effective" soldier, 47 percent of those 1,817 soldiers terminating the program during the period of study were successfully rehabilitated to "effective" status.
>
> (c) Based on retention criteria, 77 percent of CDAAC's had a moderate success rate and 15 percent had high success rates.
>
> (*d*) Based on the retention as "effective" criteria, 81 percent had high success rates.

It would seem that 47 percent of the 1,817 soldiers terminating the program and returning to effective status is not a large number of successes, especially when one considers the fact that most of the

soldiers in the CDAAC program are in for casual hashish abuse. Further evidence of the lack of effectiveness of the current treatment and rehabilitation programs was supplied by the results of the July 5, 1978, urinalysis testing of the Berlin Brigade. Of the 90 individuals definitely identified as abusing hard drugs through the urinalysis tests, 40 were already in treatment at the time of the test. Last, in responding to the committee's questionnaire, 81.9 percent of the respondents (E–1 to E–4) indicated that the Army's drug treatment programs were either poor or fair.

During the hearings in Stuttgart, representatives of various CDAAC's in USAREUR estimated that perhaps 15 percent of their client load was voluntarily seeking treatment. They further observed that only one-quarter of the involuntary referrals could be helped to any degree. The clinicians stated that many of their clients are in the program because of the lack of response of NCO's to soldiers' problems. Ms. Carol Bruce, clinical supervisor of the CDAAC at Bad Kreuznach, made the following observation:

> I think from the firstline supervisor, there is a lot of value conflict because NCO's react to the statement of, "Well, it's no worse than booze," and I get this question many times from young service people who come in and they will say, "I don't see anything wrong with smoking, it's no worse than booze, it hasn't done as much to society as drinking." So NCO's really have to be trained to deal with that kind of confrontation.

A major reason for the lack of effectiveness of the CDAAC program is the attitude of the soldiers who are referred there for treatment. Many young soldiers see nothing wrong in turning to drugs for recreation or relief of tension. Drug abuse is widespread among young people in the United States today, with very little law enforcement activity directed toward apprehension and punishment of individual abusers. The young soldier is often caught in a conflict between the permissiveness of society generally and the far more strict regulations concerning drug abuse in the Armed Forces. Many young soldiers are personally convinced that use of hashish, cocaine, and other soft drugs is no more harmful than the use of alcohol, and as Ms. Bruce pointed out, freely state that conviction.

The notion that the illicit soft drugs are no worse than alcohol is extremely popular among segments of the younger generation as justification for permitting the use of these drugs. The apparent success of the argument merely points out that the death and destruction caused by the use and abuse of alcohol in our society has not been adequately publicized. The idea that the illicit soft drugs are no worse than alcohol or tobacco, two lethal drugs that cause hundreds of thousands of premature deaths and untold suffering every year in this country alone, has a strange and almost morbid connotation. Further, with the scientific research on the soft drugs still in its infant stages, there is no scientific basis for the statement. But soldiers who are abusing these drugs out of free choice and "sound rationalization" are very difficult to rehabilitate.

According to Sp. 4 Stephaney Sellers, a CDAAC counselor from Company C of the 317th Engineering Battalion, most of the referrals are immature youths who need guidance and understanding. She feels that many should never have been brought into the Army, while others would have benefited greatly by a short tour in the

United States prior to being assigned to Germany. Specialist Sellers stated:

I find that one of the problems I grapple with often is the great preponderance of young men I see, I feel are just too young to be here, and the Army perceives in some instances that this man, to me meaning the Army, has a drug problem. But the man has not lived long enough to look back into his own history and feel enough pain, or enough sense of loss, whether it's from jobs, or whatever, to say, "Yes, I'm willing to look at myself and perhaps I do have a problem, and perhaps I should do something about it." I don't find too many men who are—talking, for example, about E–1 through E–4—simply chonologically old enough to be rendered that openminded. I do once in a while get someone in the office who just wants help.

I see a lot of men that I shouldn't see to begin with. I see a large, large number of men who had drug problems before they came in, but it has stopped short of heroin. In the environment of it being so readily available, plus the culture shock, plus not having a good background in German, they seem to go over to the heroin. I have a good, good number of men who are just chronologically so young that perhaps they would have sowed their wild oats without heroin had they remained in America for 2 or 3 more years to get through that stage. I would say that 8 percent of the clients I get, I get because there is an absence of a good NCO around, and sadly because there aren't enough good NCO's and the system says, well perhaps the CDAAC can help this young man * * *. So there is a whole realm where drug abuse gets mixed up with immaturity.

As can be read in the testimony of Specialist Sellers, soldiers are referred to CDAAC in a sort of dumping ground fashion. This is supported by the fact that commanding officers indicated to committee members that they often were reluctant to refer a soldier to the CDAAC program because of their lack of confidence in the program, and the fact that the commanding officer would lose what was a functioning soldier for a substantial period of time while he/she underwent treatment. Therefore, commanding officers prefer to refer the noncooperative, problem soldier as a form of punishment.

Many junior enlisted personnel told committee members that they considered assignment to a CDAAC program punitive. They also expressed a lack of confidence in the ability of CDAAC personnel to assist them, stating that having a 20-year old drug counselor tell them how to straighten out their lives was not their idea of effective counseling.

Far more damaging to the credibility of the CDAAC program, however, is the young soldier who deliberately abuses drugs in order to obtain an honorable discharge from the Armed Forces under chapter IX. The CDAAC witnesses generally agreed that the program can be, and in fact often is, manipulated by a soldier in an attempt to be separated from the Army. We were told by commanding officers, drug abuse counselors, and junior enlisted persons that there is widespread abuse of the chapter IX discharge by soldiers who simply want to leave the Army prior to the expiration of their term of service. In many instances, the young soldier deliberately abuses narcotics in order to be referred to the CDAAC for treatment. He continues to abuse narcotics, knowing that the recourse of the Army will be to provide him with an honorable discharge with full veterans' benefits.

Sgt. James Henderson, Company C, 547th Engineering Battalion, expressed a number of these problems:

I think the program does no good. Men are using it as a means of getting out of work, a means of trying to get out of the service early, they are tempted by the honorable discharge, they can't take some of the long hours and some of the hard

work that is put upon combat arms. A lot of support units, I believe, don't have the pressure that we do in front line soldiers, so they try to use it as an escape to get out.

Sergeant Henderson continued:

A lot of the men are very confused about the honorable discharge factor of going in and turning yourself in. They may feel, "I am getting some heat from up above, my officers know I'm going out and smoking hash or I am doing something like this. Well, I know how to get out of it. I'll go in and drop it on the CO's desk and say I got a problem, send me to CDAAC, help me." Right away they are going to get this little thought that comes in that they can't be prosecuted, no legal action can be taken against them. They feel they do this, they go to a few meetings, and then they can still slip around and do it and nobody is going to be watching them anymore after a couple of months. They go through the program, they feel they can pull the wool over the eyes of the counselors and then the heat is off them, and they can go right back doing the same thing.

Sergeant Brooks, a senior CDAAC counselor and an NCOIC, expanded on some of the problems with the image and role of the CDAAC's:

We haven't decided what kind of program we want. I don't think we know if we want it to be a medical program, whether we want it to be a rehab, whether we want it to be administrative punitive; I don't think that definition has been made, so it's confusing everyone, to include the command, the CDAAC staff, and the clients. Nobody knows exactly what the program is supposed to be. Until that definition is made, it's not going to be as effective as it could be.

I have worked in the program since its inception, and I worked under the medical command and under the administrative command, and I have some very definite feelings in that if it is going to be a rehabilitative program, then take it out of the admin structure. If it is going to be a punitive program—an administrative program—then put it entirely in that realm and let the units take care of the program. In other words, you've got the unit commanders, and they've got some very legitimate gripes in that you're taking people out of their realm, and you put them in CDAAC, and CDAAC is doing these things that they are really not sure what's going on. Then you are sending them back, supposedly cured. Well when this person isn't cured, company commanders seem to get upset about that because they've been given guarantees by the military that this person would be cured. There is no magic to the program.

Inpatient Treatment

The soldier suffering from medically confirmed addiction is referred to one of the five inpatient treatment centers. Immediate detoxification from the effect of narcotics addiction is provided at every medical department activity center in USAREUR. According to Major General Reid, USAREUR facilities detoxified 1,121 patients for drugs and 921 for alcohol in fiscal year 1978. The extended care facilities provided rehabilitation for 336 drug abusers in the same time period. While not defining the term "success," General Reid stated that the extended care facilities have an overall success rate of about 50 percent.

Efforts To Improve Treatment

While the picture painted here may seem bleak, it is not intended to be overwhelmingly negative. The CDAAC program has clearly benefited large numbers of drug abusers, returning many to full and honorable duty. But it is imperative that in order to receive the credibility necessary to operate effectively, substantial changes are going to have to be made in many areas. The Army is simply responding to a congres-

sionally mandated responsibility to try to treat drug abusers, and it must try within a limited framework to motivate individuals who do not necessarily desire help to seek it.

Testifying before the committee was Dr. Erwin Backrass, chief of the drug and alcohol rehabilitation program at the 97th General Hospital. Dr. Backrass noted that there is not sufficient communication between the command and the clinicians. Dr. Backrass stated:

> The best way to improve it (CDAAC) would probably be not to leave the CDAAC counselor entirely faced with these difficult problems all by himself; to give him more supervision, to have a rehabilitation board meet that would discuss and make a viable disposition of each and every case that is referred. On such a rehab board should be the company commander, the man's NCOIC, the CDAAC counselor, and, of course, the physician. But at present, the dispensary physicians in the various areas are so overloaded with work that it would be difficult to put something like this into practice.

Dr. Backrass further noted that regulations in the civilian personnel office requiring treatment professionals and paraprofessionals to return to CONUS after 3 to 5 years disturbs the continuity of the program, and downgrades the overall professionalism and expertise. Additionally, the witness recommended that the physical location of the CDAAC's should not be separate and apart from other offices, such as the dispensary, mental hygiene services, and the chaplain's office. This would permit the more integrated approach to treatment so widely sought after in the civilian sector.

Finally, Dr. Backrass noted his professional staff at the 97th General Hospital has to service 23 CDAAC's. He himself has to cover five CDAAC's over 150 miles in addition to being the only physician at the inpatient rehabilitation unit.

The need to increase the professional capabilities in the Army treatment and rehabilitation programs was specifically included in the eight-point agreement reached between General Blanchard and the committee prior to its departure from Germany. It is hoped that additional slots for civilian and military professional and paraprofessional staff will be authorized.

It is of more than academic interest to note that the Department of Defense is revising the definition of treatment and rehabilitation success for test by the services. The test definition reads as follows:

> Performance of useful duty satisfactorily at specific duty points (180 and 360 days) or at expiration of service, whichever occurs earlier.

According to the Office of Drug and Alcohol Abuse Prevention:

> This definition recognizes that: (1) Abstinence from use of illicit drugs, though desirable as an ultimate criterion, is not feasibly measurable; (2) the major concern in DOD should be performance of duty; and (3) criteria used by the VA, NIAAA, and NIDA (for example, earnings, hours worked) are not suitable for DOD use.

The final decision on the definition will depend to a large extent on the usefulness of the information to program managers and the cost of collecting the data.

VII. THE LEADERSHIP

A Uniform Effort

One of the more recurring themes identified as a problem has been the lack of a uniform perception of the nature and extent of the drug

problem, and its attendant implications, throughout the chain of command. The drug problem is relative in nature, and is dependent not only upon the number of personnel abusing drugs and the nature of that abuse, but also on the degree to which drug abuse is confronted and exposed.

A major issue has been the lack of incentive for the young company commander to find drug abusers in his or her unit. Commander-directed urinalysis has proven to be vulnerable in this regard. The more positives revealed, the greater the drug problem and, conceivably, the poorer the leadership ability of the company commander. In an attempt to reduce the number of positives, efforts might be undertaken to select clean personnel, or simply not use the test.

Congressman English has pursued the idea that the Army should offer incentives for officers to confront the problem by providing special recognition to reflect positively on records for those officers who clearly demonstrate a determination to effectively use all the identification and detection tools at his/her disposal. When Congressman English asked Brig. Gen. William H. Fitts, Deputy Chief of Staff, Personnel, Headquarters, U.S. Army, USAREUR and 7th Army, about the incentive concept, the response was:

I looked at that. We did not find that the company commander felt intimidated in any way. It was voluntary; however, they didn't feel they had all the tools they needed to do the job.

Nonetheless, USAREUR did make an attempt to establish a uniformity of priorities. Brigadier General Fitts continued:

We have gone on record in a very positive way to show that we were supportive of this concept, but to make absolutely certain, General Blanchard went to the field with a letter advocating recognition for the commander who has been successful at identifying and dealing effectively with drug abusers.

The text of the letter is contained in the section entitled "Command Response."

This renewed emphasis on drug abuse awareness should at first result in higher rates of detection, with a gradual decline as the deterrent factor becomes strengthened.

In order to raise the incentive and capabilities of leadership at all levels to increase detection and deterrence, perception of the problem must be heightened with formal and informal training to delineate responsibility in these matters and to enhance skills in detection.

According to Brigadier General Fitts:

We expect to put some teams out to train, brief, and educate, so that people (officers and NCO's) will fully understand the problem.

Nevertheless, it remains clear that the leadership requires even more professional input in terms of learning about the characteristics of drug abuse, and how to prevent and decrease it. The ambiguous nature of drug-abusing behavior often makes it difficult to spot potential abusers. Certain aspects of its causes and effects need to be clarified, especially in view of the fact that even at the highest levels of the USAREUR Command, disagreement exists. As a case in point, when Congressman English was interested to know if the Army found any relationship between discipline and drugs, Brigadier General Fitts stated:

Our experience indicates that the same type of individual has disciplinary problems, whether he is on drugs or not.

General Blanchard then stated:

There is no question that the individual who is experimenting—if he is identified early (he) can be helped and we avoid the discipline problem. But as a man gets further and further into drugs—particularly hard drugs—it leads toward discipline problems.

Before drug abuse training and educational programs can be designed for sergeant majors, first sergeants, NCO's, company commanders, and junior officers, agreements have to be reached on such basic topics as the effect of drug abuse on the discipline of a soldier.

The V Corps Command Sergeants Major Seminar has outlined the basic objectives of programs for firstline leadership. The seminar, entitled "Getting in STEP (Supervision, Training, Espirit de Corps, Personal Involvement)—A Leadership Solution to Drug Abuse," was presented in Frankfurt on June 22, 1978. The overall objectives were as follows:

(1) Develop ways to increase firstline supervisory visibility and accountability, and enforce military counseling programs to assess soldier needs and enable full utilization of community resources.

(2) Develop programs to increase recognition of "Good Soldiering" and develop incentives and rewards for supervisors who have successful programs at the fire-team level.

(3) Develop methods to increase self-referrals and promote early identification of "troubled soldiers" who may require evaluation or drug/alcohol education utilizing drug and alcohol counseling personnel for consultation.

(4) Develop viable sponsorship programs for new arrivals and insure that firstline supervisors are involved in new soldier orientation and a thorough needs assessment.

(5) Establish workable criteria for the selection of the drug and alcohol education specialist (DAES) to insure that qualified, motivated, and efficient personnel are selected and that their primary duties are compatible with drug and alcohol prevention work.

As a model seminar, the purpose was to bring together V Corps Command sergeants major to define ways that prevention could be implemented at the firstline supervisory level. The major themes were as follows:

(1) Leaders must be educated in their roles and responsibilities as supervisors and must become personally involved in the professional development of their soldiers.

(2) Good supervision should include the assurance that a healthy and orderly environment exists at all times where soldiers have to live, and that the rights of soldiers are enforced.

(3) Leaders must be knowledgeable about drug use trends and the current availability of drugs and their quality so as to alert soldiers of dangerous substances.

(4) There must be an all-out effort to create positive peer pressure in order to police drug use in the billets and to identify those who use drugs and refer them for evaluation and counseling.

(5) Training must be utilized effectively and efficiently to promote motivation, team building, and morale. Leaders must guard against malassignment and boredom during the duty day.

(6) Esprit de corps must be enhanced by insuring personal involvement of leaders with soldiers, good training and incentives for achievement and professional soldiering.

Shortage of E–5 and E–6 Grades

The basic leadership of the NCO is vital as the first line of defense against drug abuse. Unfortunately, since the end of the draft, the numbers of enlistees who remain in the Army long enough to become NCO's has been declining to the point that a shortage now exists. The lack of more mature supervision at the barracks level cuts down on the presence of a potentially more positive influence. According to General Blanchard, the young officers have begun picking up some of the responsibility to play a greater role in the education, support and rehabilitation of lower enlisted personnel. But the program currently does not provide full access for the NCO or junior officer to professional advice in counseling. USAREUR is currently requesting 50 new civilian clinical directors and 40 additional civilian counselors to provide the professional resources required. It is hoped that these counselors will be placed in programs designed to educate the NCO and young officer of the methods by which he/she can most effectively provide support to the ADAPCP.

In this regard, Congressman English has made the following recommendation:

INITIATIVE

The military should actively recruit senior NCO's for the drug and alcohol counseling program who have demonstrated compassion and proven their ability to command respect from both junior personnel and the officer corps.

COMMENT

Throughout the task force's investigation, junior personnel spoke with respect, and even affection of their relationship with their senior noncommissioned officers during their first months in the service. Unfortunately, it appears that this attitude of mutual respect, which is essential to the success of any rehabilitation program, is too often lacking among military drug and alcohol abuse counselors. Many counselors have only been in the service for a short time and lack experience in dealing with the problems facing junior personnel.

But it would be foolhardy to assume that all NCO's and junior officers are supportive of efforts to control drug abuse. Clearly, a few NCO's supplement their incomes by dealing to men in the barracks (and probably use themselves). Others find rehabilitation an undesirable alternative to immediate discharge, while still others only want the job done at minimal standards and could care less about drug abuse as long as these requirements are met.

Many junior officers, as indicated earlier by Brigadier General Fitts, are not intimidated by the thought of a drug crackdown, but do not believe all the necessary tools exist to effectively identify and refer individuals. Further, cases are often too difficult to prove in that too many witnesses are required. Lower enlisted personnel will rarely testify against one another. Other complaints were that the administrative procedures are too time consuming. If the soldier holding a security clearance enters CDAAC, it causes a reduction in unit strength since, once the clearance is pulled, the individual can no longer perform the assigned job. But the soldier remains in the unit and he/she cannot be replaced. Therefore, others must compensate for the loss in manpower.

Junior officers and NCO's felt that too much of their time was already expended on the troublemakers. The more effort involved in tracking down young users and sellers, the less time spent encouraging

the good soldier. If the reward for putting forth the best effort as a young soldier is to be ignored, then the incentive and morale of the entire unit decreases.

These frequently mentioned complaints at all levels of the command pose certain dilemmas and pinpoint the differing attitudes toward the problem that make effective drug abuse control in such a large organization so difficult. By properly training and targeting the members of the leadership who, through well-established relationships with the E–1 to E–4 population, have the capacity for positively addressing these problems, significant progress should be made.

VIII. QUESTIONNAIRE

The U.S. Army in Europe (USAREUR) relies on its USAREUR Personnel Opinion Survey (UPOS) to provide the most up-to-date estimates on the number of military personnel abusing illicit drugs. The UPOS is administered quarterly and is a tool used by USAREUR to acquire information on drug abuse, as well as on a variety of different, unrelated subjects. As mentioned in the section entitled "Usage Patterns," 8 questions out of the 74 are concerned with drug abuse, collectively, discerning specific frequencies of self-administration of the various illicit drugs available. Numerous other questions gather demographic data; and while no attempt is made by the Army to trace respondents, these demographic questions are so specific and abundant that they conceivably intimidate a respondent to self-report drug abuse. Regardless of this possibility, 31.6 percent of the E–1 to E–4 sample admitted to monthly or more frequent use of cannabis.

The Army has a great deal of faith in the data collected from the UPOS, and justifiably so. The methodology appears generally sound, and the only glaring drawback might be that it is administered by USAREUR, which could naturally cause some apprehension as the respondent's part when answering questions pertaining to illegal activity. Unlike the Army-wide survey, the UPOS does not request respondents to indicate their faith in the confidentiality of their responses, thereby eliminating a valuable source of respondent feedback (and validity). There is room for comments, however.

The Committee's Survey

The Select Committee on Narcotics Abuse and Control, as an investigative and oversight committee of the House of Representatives, naturally does not have the manpower and other necessary resources that the Army or a large, private marketing firm would have. It was decided, however, that a small-scale survey could be administered during the investigative trip to Germany.

As a successor to the committee's original drug abuse opinion survey, administered DOD-wide from September 1977 to February 1978, the

second-generation tool was developed exclusively for use by the task force while inspecting the problems of U.S. Army personnel stationed in West Germany. This questionnaire differed from the original in several respects; the most notable contrast was the insertion of questions designed to gather data on the respondents' personal drug use.

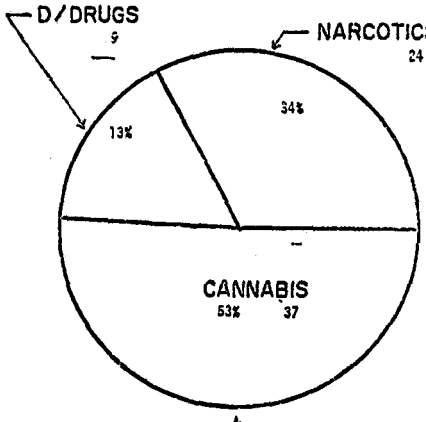
The questionnaire was administered during the period of November 14 through 17 by four teams of task force representatives (members and support staff) at 13 locations throughout West Germany. The sample of 626 was chosen on a random basis subject to availability considerations. Further, the population targeted was generally considered to be in high-risk environments and to be at a high-risk age: 17 to 24. As with the committee's initial survey, resource limitations precluded the possibility of constructing and administering a survey that would comply fully with accepted scientific sampling procedures. The purpose remained only to permit the task force to gain an impressionistic picture of the situation in West Germany. The sample size of 626 is not large enough to allow extrapolation of the results to the entire E–1 to E–4 population in USAREUR, and the task force does not maintain that this is a definitive and unchallengeable picture of the scope of the problem. The consistency of the results, however, indicates the tool has some validity to identify the general scope of the problem and to give an idea of overall opinions and perceptions. The data is certainly not consistent with the data from the UPOS.

Highlights and relationships of interest are discussed below:

AVAILABILITY

The respondents' perceptions of degrees of availability for the various illicit drugs seem to correlate roughly with law enforcement intelligence, as well as seizures and arrest statistics. The CID provided the pie chart at figure A on founded offenses for sale/trafficking drugs for the third quarter of 1978. As can be seen, cannabis offenses account for the highest percentage of total cases, with narcotics second, and dangerous drugs third. Figure B indicates that of the 626 persons who responded to the committee's survey, 91.8 percent said it was easy to buy cannabis; 26.9 percent said it was easy to find cocaine; and a surprising 50.9 percent found heroin readily available. With respect to amphetamines, 29.9 percent believed it was easy to obtain, whereas 40.3 percent could locate barbiturates. The high availability of barbiturates (actually the broader category of "downers") is explained by the presence of Mandrax (methaqualone) which can be bought over the counter in drugstores by German citizens. Not suprisingly, PCP is almost nonexistent in West Germany. Other drugs, however, such as LSD, are available on a more limited basis, as indicated by the 16.3 percent who found it available at times.

LAW ENFORCEMENT
FOUNDED OFFENSES-
SALE/TRAFFICKING OF DRUGS

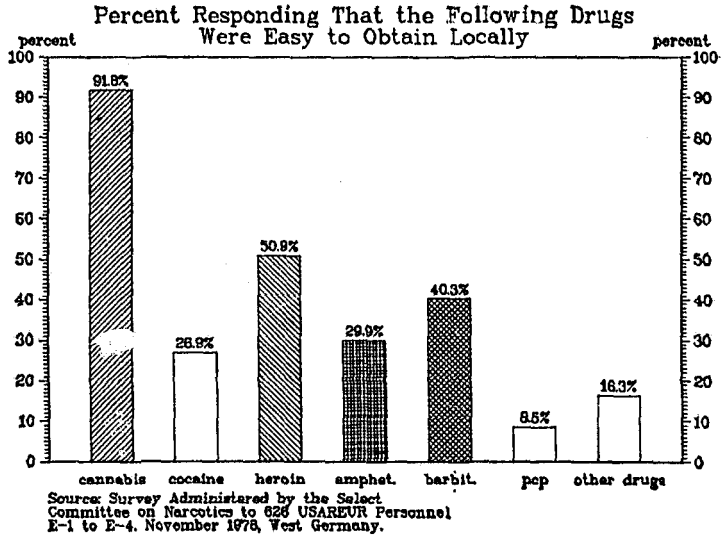


QUARTERS

CATEGORY	4/77	1/78	2/78	3/78
Cannabis	26	52	40	37
Dangerous Drugs	13	14	10	9
Narcotics	16	19	17	24
TOTAL	55	85	67	70

(MONTHLY AVERAGE PER QUARTER)
SOURCE: DA Form 2819

FIGURE A



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

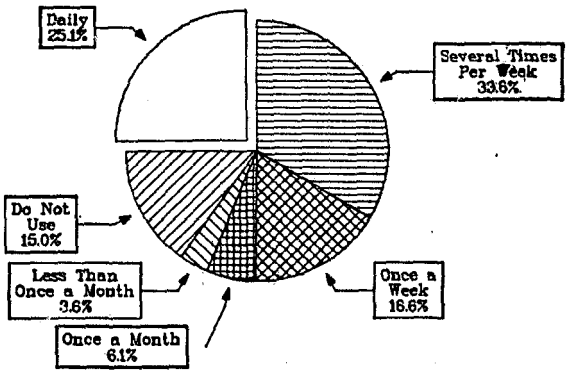
FIGURE B

POLYDRUG ABUSE

As discussed in the section entitled "Detection and Identification (E. Self-Referrals)," polydrug abuse (including alcohol as one component) is widely seen. Three out of four new clients entering the CDAAC program in USAREUR had used alcohol prior to entering the service. It therefore stands to reason that when placed in the high-availability locations in Germany, a young soldier will begin to use an illicit drug and continue to use alcohol. This notion is strongly verified by the survey results, with an overwhelming number of respondents, 86.6 percent, reporting that alcohol is often mixed with illicit drugs. Of the entire sample, 19.5 percent drink daily and use cannabis (hashish, primarily) several times a week or daily.

Figures C and D are important in that they show a correlation between daily drinking and cannabis consumption. Figure C indicates that 25 percent of the respondents consume alcohol daily. Figure D reveals the frequency of hashish use among the daily drinkers. Surprisingly, 77.8 percent of the sample that drink daily also use cannabis several times per week or daily. While more research would have to be done to confidently describe this correlation, it would seem, at first glance, to be a potentially good indicator for identifying many regular cannabis users. Further, 64.8 percent of the respondents who use cannabis daily also consume alcohol daily, and 34 percent of the entire sample admitted to the use of alcohol and cannabis at least several times per week, though not necessarily concurrently.

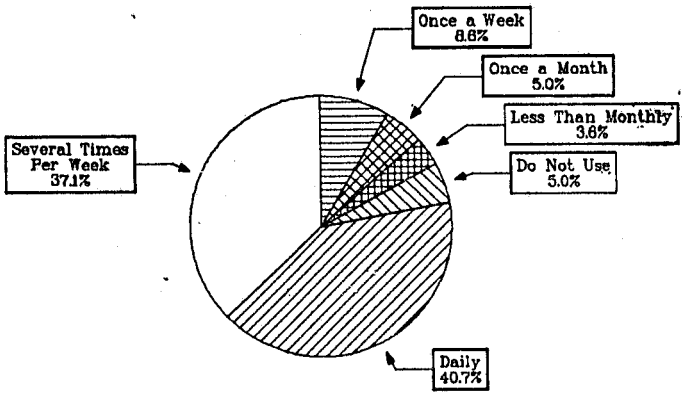
Frequency of Alcohol Consumption



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4, November 1978, West Germany.

FIGURE C

Frequency of Cannabis Consumption
Among Daily Drinkers
100 % equals 25 % of sample used in figure c



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E–1 to E–4. November 1978, West Germany.

FIGURE D

SELF-REPORT LEVELS AND ON DUTY ABUSE

The data the committee solicited in this version of the questionnaire was designed to more concretely identify usage patterns. The initial survey (see SCNAC–95–2–14) did not request individual respondents to describe their own drug-taking habits. The earlier survey seemed to reveal perceptions of high rates of drug abuse that were not supported by the services' own drug surveys. To see if responses were inflated, the task force sought self-admissions in the survey for Germany. Figure E indicates the percentage of respondents admitting to monthly or more frequent use (the criteria used by DOD) of the various drugs in question, plus alcohol for comparison purposes. The responses to this question surprised the task force members. Whereas the UPOS data for the first quarter 1978 found that 31.6 percent of the E–1 to E–4 population is currently using cannabis once a month or more frequently, the committee's sample found 58.2 percent using cannabis (primarily hashish) within the same frequency parameters. Since the once-a-month user must represent the "casual user," table 4 is included to display a more specific breakdown.

TABLE 4

[In percent]

Drug	Daily	Several times per week	Once per week
Cannabis	16.0	26.1	9.4
Heroin	1.9	3.0	2.6
Downers	2.1	2.1	5.1
Uppers	2.3	3.0	6.0
Beer/Wine	24.4	33.7	16.9

As can be calculated from the table, 51.5 percent of the questionnaire respondents admit to using hashish at least once a week and 42.1 percent use it at least several times per week. So the inclusion of the once-per-month figure for hashish does not significantly bias the figure upward. Referring back to figure E, the use of other drugs is not as prevalent, although the high rates for amphetamines and barbiturates were not anticipated. Alcohol (beer and wine) use is very high and, as pointed out in the discussion on polydrug use, many of the regular alcohol users are also using an illicit substance.

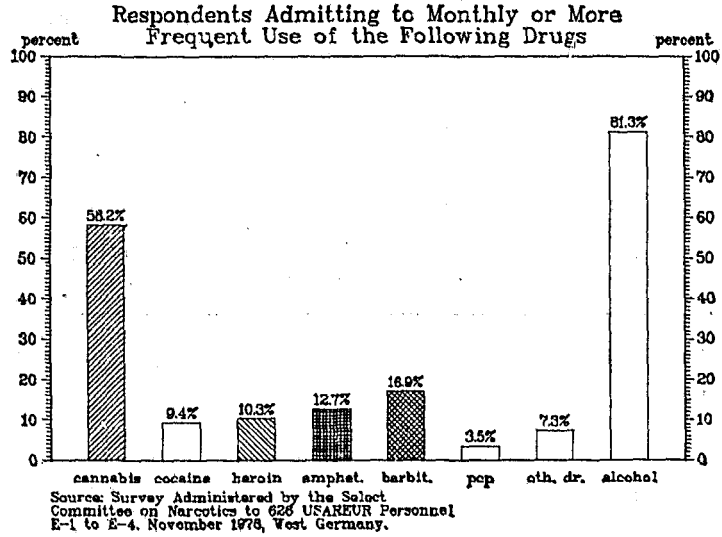


FIGURE E

The UPOS for January 1978 indicated that 12.5 percent of the E–1 to E–4 population was using narcotics or dangerous drugs monthly or more often. In the committee's E–1 to E–4 sample, 23.2 percent of the respondents reported using at least one narcotic or dangerous drug monthly or more often. The caveat that must be kept in mind, however, is that the committee targeted populations considered to be in especially high-risk areas. In the FRG it is difficult to find an area untouched by the drug traffic, and it is doubtful one can attribute the entire difference in the figures to this factor alone. One possibility for the discrepancy might be in the type of supervision during the administration of the UPOS. The committee, in administering its survey, requested all officers and NCO's to leave the room in the hope of making the respondents feel more at ease. The UPOS Procedures Guide, however, states the following:

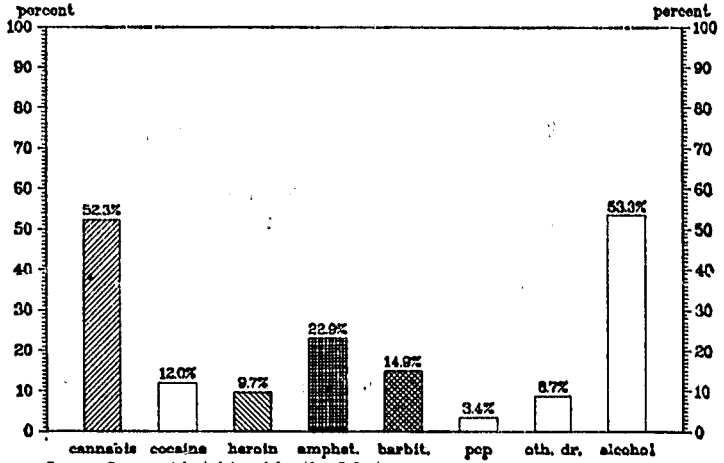
> Have appropriate individuals designated to supervise the group administration. One assistant supervisor should be provided for each group of 10 to 15 respondents. Supervisors should be officers or noncommissioned officers (NCO) possessing sufficient background to direct the survey and answer questions.

Considering the demographic requests and the strict supervision of the respondents in the UPOS, it is not surprising the committee

received higher self-report rates. As the Department of Defense and USAREUR develop more objective targeting mechanisms, these differences should ultimately be reconciled.

Since the task force had been continually reassured that drug abuse rarely occurs on duty, it was decided to touch on the issue in the questionnaire. The results are in figure F. A surprising 52.3 percent admitted to having used cannabis on duty at least once. The question unfortunately does not provide data on the frequency of this behavior, and the results could be easily misinterpreted. No one is asserting that these figures indicate that 52.3 percent of the E–1 to E–4 population is "stoned" on the job all the time. But it does indicate that on duty cannabis abuse occurs, probably with some regularity among certain groups. This can be supported by the responses in figure G. When asked where drugs tend to be used, 51.1 percent of the respondents saw no difference between frequency of on and off duty use. Further, 1.2 percent believed drugs are used primarily on duty. When these numbers are added, the result is 52.3 percent, which happens to equal the percentage admitting to cannabis use on duty (fig. H).

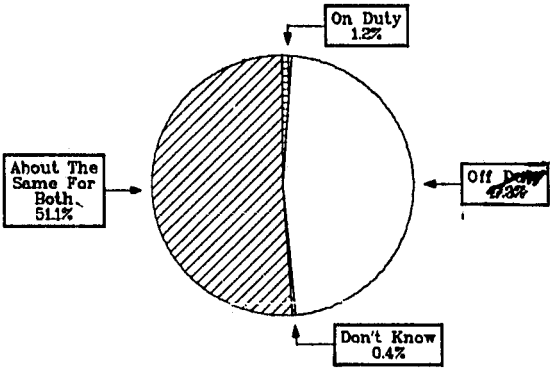
Percentage of Respondents Admitting to Having Ever Used the Following Drugs On Duty



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E–1 to E–4. November 1976, West Germany.

FIGURE F

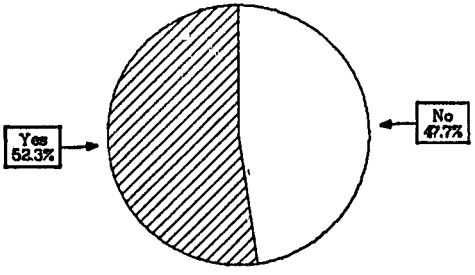
When Drugs Are Used: On vs. Off Duty



Source: Survey Administered by the Select Committee on Narcotics to 628 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

FIGURE G

Respondents Admitting to Having Used Cannabis On Duty

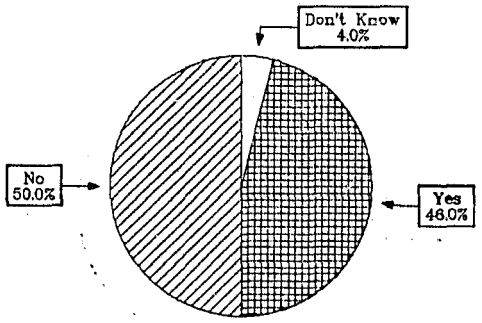


Source: Survey Administered by the Select Committee on Narcotics to 628 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

FIGURE H

The consistency of these figures tends to add validity to the other numbers in figure F, and raises serious concern about the effect this abuse is having on combat readiness. When asked: "Given the amount of drugs that men/women in your unit use, do you think they could go into combat and perform to the best of their abilities?" Forty-six percent responded "yes"; 50.1 percent said "no"; and 4 percent did not know (fig. I). When the combat performance question is broken down by user and nonuser response by type of drug, a pattern of sorts emerges. In general, users are more likely to feel combat readiness is not hindered while nonusers are more likely to feel that it is. In many instances, though, the responses are equally divided. As examples, 61 percent of the daily hashish users feel combat readiness is not affected, whereas 68 percent of the nonusers believe it is. Among daily heroin users in the sample, 62 percent feel combat efficiency is maintained. A surprising result, however, among nonusers of heroin is that 49.9 percent believe the current level of heroin use does not affect performance. The result here is that an earlier notion explored by the task force is glaringly readdressed: The effect that drug abuse has on combat readiness is not known. It is time to find out.

Opinion: "Given the Amount of Drugs That Men–Women In Your Unit Use, Do You Think They Could Go Into Combat and Perform to the Best of Their Abilities?



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E–1 to E–4. November 1978, West Germany.

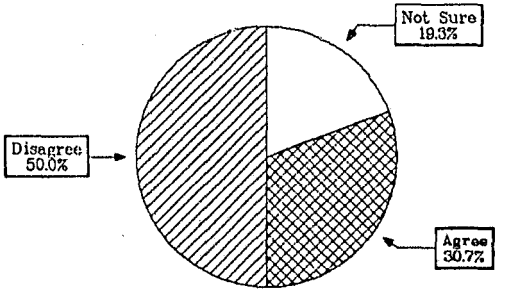
FIGURE I

CANNABIS: ENLISTED PERSONNEL PERCEPTIONS

As discussed in the section entitled "Usage Patterns," cannabis abuse seems to have become an endemic aspect of the military/barrack environment. As the civilian movement to decriminalize the simple possession of cannibis strengthens, the military is becoming increasingly concerned that official service policy will differ dramatically from the public's posture. The young enlistee from a State which has decriminalized cannabis will have to familiarize himself with the more severe consequences of charges for possession under the UCMJ and make a decision whether or not to use cannabis accordingly. In that regard, the task force decided to insert selected opinion questions on the use of cannabis by military personnel to gain further insight into what types of attitudes the USAREUR Command is currently trying to confront.

Figure J shows that 50 percent of the respondents think the use of cannabis should be legalized in the Army. Only 30.7 percent believe it should remain illegal, with 19.3 percent unsure. Figure K reveals that 59.8 percent of the respondents believe an article 15 is too severe a punishment for simple possession, indicating that some of those who were unsure as to the question of future legality sided with the more liberal view when the situation was expressed more vividly. While those favoring legality are not necessarily users, the results of these two questions reflect the fact that the Army now recruits from a population with heavy preservice drug-abusing experience. The belief of the young soldier that smoking cannabis is relatively harmless (despite any conclusive evidence that long-term use is innocuous) and becoming more socially acceptable has been developed within a using culture that reinforces its own opinions on the drug regardless of what scientific research may show.

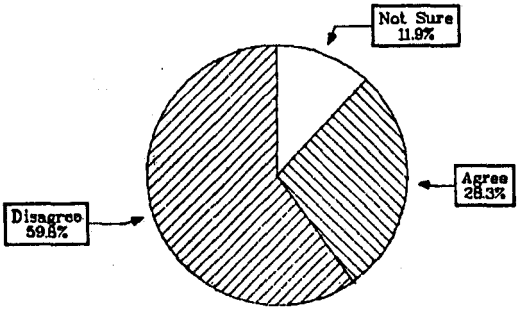
Opinion: "The Use of Cannabis Should Remain Illegal In The Army"



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

FIGURE J

Opinion: "Someone Caught Smoking Cannabis In The Army Should Be Given At Least. An Article 15"

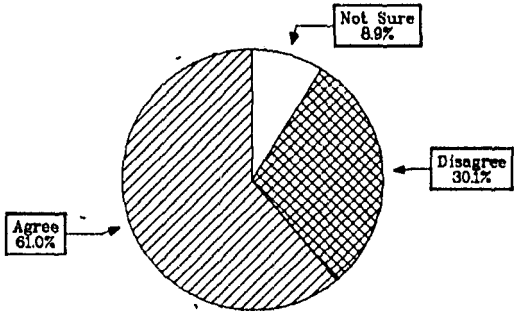


Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

FIGURE K

The USAREUR Command repeatedly expressed frustration when trying to convince young soldiers that cannabis might be in some way harmful and has no place in the military lifestyle. As long as so much alcohol is consumed, the young soldier is faced with what he perceives as a double standard, and simply dismisses the warnings as scare tactics. Figure L reinforces the notion that cannabis abusers now equate cannabis with alcohol. Sixty-one percent of the sample felt that in their respective units, smoking cannabis was "no different than going out for beer." The additional polydrug problem was discussed earlier in that the daily consumption of alcohol and cannabis often seem to go hand-in-hand.

Opinion: "In My Unit, Smoking Cannabis is no Different Than Going Out For a Beer"



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4, November 1978, West Germany.

FIGURE L

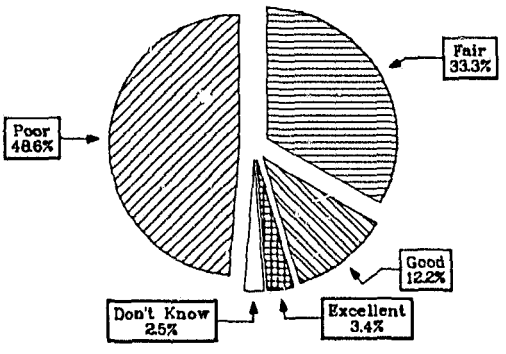
The obvious conclusion from the above discussion is that if the military is going to reduce the amount of cannabis abuse, alcohol must be addressed simultaneously. This is not an original conclusion, as the House Appropriations Committee in 1976 recommended that "further steps could be taken by the Department of Defense to deemphasize and deglamorize the use of alcohol" (Appropriations Report 94-1231); and a GAO report found alcohol abuse a worse problem than drug abuse (April 8, 1976, MWD 76-99) and also recommended deglamorization. While the services have begun efforts to reduce alcohol consumption, it would appear that in order to avoid a double standard with respect to cannabis and alcohol, the use of both should be downplayed simultaneously.

THE TREATMENT PROGRAM

The quality of the CDAAC program has been repeatedly questioned (see section entitled "CDAAC"). As a final point, the questionnaire asked the respondents to give a cursory evaluation of the quality of CDAAC. Most of these soldiers have only secondhand knowledge of the program, so the responses must be taken with a grain of salt. As can be seen in figure M, the vast majority of the respondents

rated the program as either poor or fair. Since drug treatment is frequently viewed as a form of punishment that at the same time permits acknowledged drug abusers to avoid job responsibilities, these responses simply reflect the negative feeling about drug treatment within the military structure. Changing this view may be difficult when the military is struggling on one hand to fulfill its moral and legal obligation to attempt to treat drug abusers, and at the same time is trying to work within the limited resources available to combat the problem.

Evaluation of Army's Drug Treatment Program



Source: Survey Administered by the Select Committee on Narcotics to 626 USAREUR Personnel E-1 to E-4. November 1978, West Germany.

FIGURE M

RECONCILIATION OF TASK FORCE SELF-ADMISSION DATA AND URINALYSIS RESULTS

Prior to the task force's investigations in West Germany, and at the request of Congressman English, surprise urinalysis tests were conducted by Headquarters, Department of the Army, on several units scattered throughout West Germany. Examination of table 5 reveals a very good correlation between the percentage of positive results for the surprise tests compared to those provided by USAREUR. The self-admission figures obtained through the questionnaire are considerably higher than the percentage of positive results from urinalysis testing.

TABLE 5

[In percent]

	USAREUR	HQDA	Questionnaire,[1] self-admissio..
Heroin	1.73	2.00	10.3
Uppers	.54	.26	16.9
Downers	.21	.26	12.9
Methaqualone	.52	.38	NA

[1] Frequency of once a month or more often—includes multiple response.

Closer examination of these figures reveals the apparent discrepancies between self-admission figures and urinalysis results are only superficial. For a variety of reasons, urinalysis tests do not catch all drug users. Some drugs (particularly certain amphetamines) are not detectable by urinalysis. Drugs are only retained within the human body, in sufficient quantity for detection, for a limited time. Retention time varies by drug as well as body physiology and metabolic rate, but is generally considered to be 72 hours for opiates. Those amphetamines that are detectable and barbiturates are more variable in these retention times. Between 30 percent and 40 percent of amphetamines are usually excreted unchanged in the urine within 48 hours, primarily in the first 24 hours after ingestion. However, after abuse or treatment of large doses, amphetamines may be detected in the urine up to 7 days after administration.[1] Therapeutic doses of barbiturates may be long acting (8 to 24 hours) to very short acting (3 to 4 hours). Large or abusive doses may be retained much longer. For example, 45 percent of a dose of amobarbital is excreted as a hydroxylated metabolite in 3 days and small amounts of the metabolite are detectable for as long as 5 days following administration of a single 180 milligram dose.[2] Finally, a once-a-month user of a detectable drug has an excellent chance of remaining undetected as the urinalysis test must be conducted during the drug retention time period. A once-a-week user also has a fair chance of going undetected, depending, of course, on the drug abused.

Although self-admission figures include users of nondetectable amphetamines, as well as once-a-month users, weekly users, etc., it is possible, *a priori*, to develop a relationship that can reasonably predict what percent of positive urinalysis tests can be expected based on the self-admission data. Based on a 30-day month, it is self-evident that a daily drug (detectable) user has a 100 percent chance (30/30) of using the drug on any given day. For the several-times-a-week user (assume twice per week), the chances are at least 8 out of 30 that the abuser will use the drug on any given day. Similarly, the chances are 4 in 30 and 1 in 30 for the once-a-week user and monthly user, respectively. By using the numbers along with self-admission data and retention times, the following relationship can be developed:

Percent daily (30) + percent STW (8) + percent weekly (4) + percent monthly (1)/30 = average days used by average user
If a detectable drug is retained in the system x days
Then (average days used by average user) (x) = average days hot (positive)
And (average days hot) (percent total self-admission)/30 = percent expected positive on any given day.

If the calculated percent expected positive are reasonably close to the urinalysis positives reported by USAREUR, then it can be concluded that discrepancies between Army figures and task force figures are, in fact, superficial.

[1] Handbook of Technical Information for Drug Abuse Control Officers, February 1976, reissued by the Office of Drug and Alcohol Abuse Prevention Office of the Assistant Secretary of Defense, Health Affairs, page 7.
[2] Same as reference, page 17.

Numbers used in the calculations were derived by computer using two different methods. Method I involved the selective identification and sequential elimination of heroin users on a daily, several-times-a-week, weekly, and, finally, monthly basis. Regardless of what other drugs were checked on the questionnaire, if daily heroin use was checked then that was the category of classification. The same process was followed for other heroin frequencies checked. After heroin users were identified and eliminated from the population, similar procedures were followed for amphetamines and, finally, barbiturates.

Method II involved the selective identification and sequential elimination of daily abusers of heroin, followed by daily amphetamine users, and finally daily barbiturate users. After elimination of the daily users from the sample, a similar selection and elimination process was followed for several-times-a-week users of heroin, amphetamines, and barbiturates. The process was continued for weekly users of heroin, amphetamines, and barbiturates, and finally monthly users were selected. Table 6 illustrates the similarity between results derived by the two methods.

TABLE 6.—QUESTIONNAIRE SELF-ADMISSION PERCENTAGES

	Percentages	
	Method I	Method II
Heroin:		
Daily	1.9	1.9
STW	3.0	2.8
Weekly	2.6	2.4
Monthly	2.8	2.1
Total heroin monthly or more often	10.3	9.2
Amphetamines:		
Daily	1.2	1.3
STW	2.7	2.4
Weekly	4.1	5.1
Monthly	4.9	4.1
Total uppers monthly or more often	12.9	12.9
Barbiturates:		
Daily	.2	.6
STW	.5	.4
Weekly	.9	1.5
Monthly	.5	.4
Total downers monthly or more often	2.1	2.9

By substitution of the table 6 data into the formula, the expected positive hit rates calculated from self-admission data may be compared to USAREUR positive hit rates. It should be remembered that the calculated positive rates are what might be expected on any given day and are not intended to be interpreted as what USAREUR should be reporting. Table 7 lists the results. Since a monthly user has an excellent chance of nondetection, calculations were done for self-admission figures for those who use monthly or more as well as for weekly or more often. USAREUR also reported a positive rate of 0.52 percent for methaqualone, but the questionnaire did not contain a special category for that drug, so no calculations could be made.

TABLE 7.—COMPARISON OF EXPECTED POSITIVES BASED ON SELF-ADMISSION FIGURES AND USAREUR URINALYSIS POSITIVES

[Calculated positives[1] percentages]

	Method I	Method II	USAREUR
Heroin:			
Monthly or more often	3.2	2.8	1.73
Weekly or more often	2.3	2.1	----
Amphetamines:			
Monthly or more often	3.4	3.6	.54
Weekly or more often	2.0	2.3	----
Barbiturates:			
Monthly or more often	.10	.26	.21
Weekly or more often	.07	.22	----

[1] Retention time of 3 days used for all calculations.

As can be seen from table 7, the calculated figures—particularly for heroin and barbiturates—are in reasonable agreement with USAREUR figures. The higher calculated values for amphetamines are to be expected since many amphetamines used are not detectable.

The retention time used for all calculations was 3 days. While it is recognized that retention times, particularly for amphetamines, vary considerably, 3 days was used for uniformity in all the calculations. It is of interest to note that substituting longer or shorter retention factors still yield projected hit values that are reasonable. As an example, for the weekly or more often amphetamine data, an expected hit rate of 2.0 percent was projected (method I) based on a retention time of 3 days. Rates of 0.7 percent and 3.3 percent are calculated for retention times of 1 and 5 days, respectively.

In summary, the self-admission data obtained by the task force does not appear to be at odds with urinalysis results reported by USAREUR for detectable drugs. The apparent discrepancy between figures is superficial and appears to exist because the numbers represent different populations, namely, those who had a detectable drug in their system at the time of testing versus those who admit to using drugs.

FINDINGS

Availability

1. The availability and abuse of heroin in the Federal Republic of Germany (FRG) has increased dramatically since 1968. Heroin seizures have increased in a corresponding fashion since that time.

2. Since 1977, the vast majority of seizures have been of No. 4, injectable Middle Eastern heroin. The heroin typically arrives by automobile, train, or aircraft in quantities of 5 kilograms or less. It is brought in primarily by Turkish nationals with work permits for the FRG.

3. The average purity of the heroin seized in 1978 was 46.4 percent, with a range of 8 to 92 percent. Hashish seized in the FRG is usually 6 to 10 times more potent than the marihuana commonly seized in the United States.

4. Some drug trafficking by U.S. military personnel stationed in West Germany does occur; however, it is rarely significant in terms of quantity. Major middleman suppliers are generally Germans or third-country nationals. U.S. soldiers occasionally operate at middle-

man/streetpusher levels but more frequently are abusers who push the drugs to support a habit. Noncommissioned officers, junior officers, and military police are occasionally involved in illicit substance abuse and in low-level dealing. Forty-three NCO's and one officer were convicted of trafficking and/or dealing in 1977–78.

5. Over-the-counter amphetamines are available to West Germans, but are sometimes used by U.S. soldiers both alone and as cutting agents for the available heroin.

6. Heroin and hashish are readily available in most major cities in the FRG. The committee's drug survey indicates that U.S. soldiers in both large cities and small military communities have little difficulty in locating heroin, hashish, amphetamines, barbiturates, and Mandrax (methaqualone). Drugs such as cocaine and PCP are much less prevalent. Heroin transactions can be openly observed in subway stations in Berlin, and in public parks in other major cities.

Enforcement

1. West German authorities are becoming increasingly aware of a growing civilian drug problem. Civilian overdoses in West Germany have risen as follows:

Calendar year:	
1973	104
1974	139
1975	188
1976	306
1977	380

Efforts are currently underway to improve cooperation and intelligence sharing between United States and West German authorities. Two recent model examples are:

(*a*) The 42d Military Police Group (military customs authority) working with German customs and border police at FRG international border crossing points.

(*b*) The DEA 90-day Berlin task force. Representatives of this task force included the American Embassy in Bonn, the U.S. mission in Berlin, the U.S. Army CID, the U.S. Air Force OSI, German police, and German customs.

2. The Berlin task force reevaluated the importance of Berlin as a major international trafficking checkpoint. Berlin is now no longer considered a major conduit for heroin subsequently distributed in the FRG. The purity of heroin in that city, however, remains generally higher than in other West German cities.

3. There were, as of November 1978, only six DEA special agents stationed in the FRG. As of this writing, the agent in Bonn has been moved to Berlin, and the agent in Tehran has been reassigned to Bonn. The objectives of these agents are to:

(*a*) Cooperate and exchange drug intelligence with appropriate host country law enforcement officials.

(*b*) Assist in the continual development of a host country drug law enforcement capability.

(*c*) Develop, within the U.S. mission, appropriate resource requirements for host country drug law enforcement organizations, with these requirements being keyed to the ultimate goal of reducing the availability of illicit drugs on the U.S. market.

(*d*) Develop, within the U.S. mission, specific short-term and long-term bilateral drug intelligence programs that will accrue to the benefit of both the host country and the United States.

4. The State Department is raising the priority level of the drug problem in the FRG. The Honorable Walter J. Stoessel, U.S. Ambassador to the FRG, has taken a personal interest in developing greater awareness of this problem among high-level German officials and the relevant German ministries. The ambassador was instrumental in developing a central working group to develop joint policy and establish priorities (see app. A).

5. In response to increased abuse rates, the 2d Region CID and the USAREUR Provost Marshal have requested an increase of 20 CID special agents and 45 military police investigators who will devote full efforts to drug suppression. The 42d Military Police Group (customs) has requested an additional 50 military customs inspectors/investigators and 20 additional dog handlers.

Environmental Factors

1. Illicit drug abuse in USAREUR is primarily concentrated in the young, lower enlisted, unaccompanied population. Environmental factors identified as contributing to substance abuse were as follows:

(*a*) Basic cultural shock; the young soldier is generally unable to speak German and is therefore cut off from the civilian population.

(*b*) The initial break from family ties and the familiar home environment.

(*c*) The nonacceptance of the American GI presence by the German population.

(*d*) The limited access of the young GI to German business establishments. Those night spots that do cater directly to the GI are generally regarded as of low quality and are reportedly sites of frequent illicit drug transactions.

(*e*) For those GI's who leave the military post and seek entertainment on the German economy, the devaluation of the dollar has made most activities prohibitively expensive. The young recruit's dream of travel to a foreign land, fostered by recruiting advertisements, is turned into a major dissapointment when faced with the reality of cost, language obstacles, and cultural biases.

(*f*) Most of the facilities occupied by the U.S. Army in West Germany are former German Army kasernes captured from the Germans at the end of World War II. These facilities are frequently inadequate, resulting in overcrowding, lack of sufficient hot water, poor heating, and a general lack of privacy.

(*g*) Recreational facilities on the kasernes are generally poor and limited in scope. Supplies for such activities as craft and photo workshops are difficult to procure. After 9 or 10 o'clock at night, only the EM and/or NCO clubs are open. The lack of recreational outlets make it difficult for the soldiers to constructively use free time.

(*h*) Peer pressure to use drugs in overcrowded barracks is significant. Most recruits come from a high-risk civilian environment and many already have some type of experience with illicit drug abuse. With such high rates of hashish abuse, the young

soldier is frequently pressured to conform to the status quo as a measure of trust. Further, most young GI's subscribe to the notion that cannabis use is a perfectly acceptable means of socializing.

(*i*) Many young soldiers find themselves working on dated equipment outside of their military occupational specialties.

(*j*) There is a general belief that 18 to 24 months in Germany is the breaking point for many young soldiers who become bored and turn to drugs. The tour for first-time, young, unmarried GI's has been 3 or 4 years. Recently, some tours have been reduced to 2 years. General Brookshire, representing General Haig, suggested that the tour length for young, first-term, unaccompanied soldiers in Germany be reduced to 18 months.

Command Response

1. There still appears to be a lack of a uniform perception of the nature and extent of the problem throughout the command.
2. The effect of various forms of drug abuse on combat readiness has yet to be determined.
3. The European joint command has determined that a serious drug problem exists in Europe. New goals identified were as follows:

(*a*) Intensify efforts of the commander to keep young people more productively occupied.

(*b*) Increase "command presence" in the barracks.

(*c*) Work to eliminate negative peer pressure.

(*d*) Removal of important legal constraints created from *United States* v. *Jordan*, and *United States* v. *Ruiz*.

4. General Blanchard has stepped up his personal interest in reducing drug abuse in USAREUR. He has emphasized to all commanders the need for more vigorous drug suppression, identification, and education.
5. The command has emphasized drug suppression as the No. 1 law enforcement priority. Efforts are underway to increase law enforcement capability through expanded manpower and technical assistance.

Usage Patterns

1. The abuse of heroin has been steadily increasing. This is verified by self-report, urinalysis, and drug arrest data. The Army's USAREUR personnel opinion survey (UPOS) indicates that about 7.8 percent of the entire USAREUR population is abusing narcotics and dangerous drugs. The UPOS found that 12.5 percent of the E–1 to E–4 population is abusing narcotics and/or dangerous drugs.
2. The committee's survey found that the percentage of the E–1 to E–4 population abusing narcotics and dangerous drugs was closer to 20 percent in high-risk locations.
3. The heroin found in the FRG is so pure that most soldiers who abuse heroin, smoke or sniff it but abuse by injection is increasing.
4. Urinalysis positives for barbiturates are increasing as a percent of all urine positives. Amphetamines and methaqualone positives have been decreasing as percentages of total positives.
5. The UPOS for January 1978 indicates that for the E–1 to E–4 under-25 population, 8.3 percent are abusing narcotics and/or danger-

ous drugs. Abuse of cannabis, according to the UPOS, is at about 31 percent for this group. All figures are for monthly or more frequent use.

6. The UPOS requests a signficant amount of demographic data that probably biases the self-report data downward.

7. The committee's survey indicates the abuse rate to be much higher. For monthly or more frequent use, the figures reported are (626 E–1 to E–4 personnel):

	Percent
Cannabis	58. 1
Cocaine	9. 4
Heroin	10. 3
Depressants	12. 9
Amphetamines	16. 9
PCP	3. 6
Other drugs	7. 3

8. The committee's survey indicates that USAREUR may be underestimating the frequency of on duty drug abuse, particularly regarding cannabis.

Detection and Identification

1. In addition to the standard detection tools (commander-directed urinalysis, law enforcement activity, self-referral, medical and command referral), USAREUR has instituted a selected unit urine testing for company-sized units (SUUTCO) project. The program provides for unit sweeps in high-availability, high-risk locations. It further provides, when properly targeted and administered, an index of the number of personnel abusing urine-detectable drugs at any given time.

As of November 10, 1978, 10,688 personnel or 72 units had been tested. One hundred and eighty-five or 1.7 percent were confirmed positive for opiates; 56 or 0.5 percent for methaqualone; 58 or 0.5 percent for amphetamines; 22 or 0.2 percent for barbiturates; a total of 321 positives or 3 percent of the samples tested.

2. Law enforcement arrests continue to level off for cannabis and to rise for opiates. This is generally indicative of high heroin availability and an increased emphasis on opiate detection through more extensive intelligence gathering, improved cooperation with DEA and the German police, and a greater share of the resources targeted in this area.

The monthly average of CID sale and trafficking cases for narcotics has doubled between the first quarter of 1977 (24) and the third quarter of 1978 (49).

3. The Army is testing new portable urinalysis equipment that should provide for targeted field testing, a greater surprise factor, and a faster turnaround time.

4. The possibility of removing suspected traffickers/dealers and repeat users to separate housing facilities pending disposition was discussed as a means of reducing negative peer pressure in the barracks. This suggestion does not, in any way, imply that these individuals would be confined to these facilities.

Treatment

1. USAREUR operates 80 Community Drug and Alcohol Assistance Centers (CDAAC's) in various communities in the FRG, and five extended care facilities for those judged to be physically addicted.

2. CDAAC's have, in recent years, suffered from budgetary cutbacks and rising caseloads which have served to undermine its credibility as an effective and viable treatment facility.

3. Only 47 percent of soldiers terminating the CDAAC program are rehabilitated to "effective" status.

4. The committee's survey found that 81.9 percent of the respondents indicated their perceptions of the Army's treatment programs were either poor or fair.

5. According to treatment clinicians, only a small minority of those referred to CDAAC are actually seeking help. Most are sent as a punitive measure, while others simply turn themselves in for an early honorable discharge.

6. Most young soldiers perceive the abuse of cannabis as "no worse than alcohol". NCO's frequently do not know how to respond to this reasoning.

7. There is a serious shortage of professional and paraprofessional expertise within the treatment network. This downgrades the quality of available treatment.

8. CDAAC's are frequently isolated from other complementary facilities. This prevents integrated treatment service delivery.

The Leadership

1. Most company commanders feel they currently do not have all the necessary detection and identification tools for decisive suppression.

2. USAREUR is initiating efforts to send teams to the field to educate and train officers and NCO's to be more responsive to, and aware of, methods of detection.

3. Corps command seminars are being developed to provide enhanced firstline leadership. The seminars are designed to enhance the supervision, training, and personal involvement of firstline supervisors in prevention efforts.

4. There is currently a shortage of good NCO's to provide the basic, though vital, firstline leadership.

CONCLUSIONS

1. Extremely pure heroin remains readily available in the Federal Republic of Germany. Current initiatives to actuate necessary mechanisms for improved international cooperation and stepped-up military and civilian law enforcement capability should serve to ultimately reduce the supply and/or purity of heroin in West Germany.

2. Active-duty U.S. soldiers are rarely involved in significant amounts of trafficking in and out of the Federal Republic of Germany. They are, however, routinely involved in base-level dealing.

3. It is vitally important that the West German authorities become more sensitized to the problems of drug abuse in the civilian population and accept the fact that U.S. soldiers are not solely responsible for creating market demand.

4. There are a great many environmental factors which seem to be contributing to the high rate of illicit substance abuse among lower-enlisted personnel. These factors are multiplied by resource limitations inside the military communities. The younger personnel do not have sufficient opportunity to productively occupy free time.

5. Cannabis abuse has become an endemic aspect of the military/barracks lifestyle. Negative peer pressure in the barracks is unchallenged as a result of the lack of a strong leadership presence.

6. The young recruits are often lacking in a sense of mission and purpose. They are frequently bored on and off the job. A 3- or 4-year tour of duty is too long for a soldier who has so few options to productively occupy his/her time.

7. The values and attitudes of American society toward drug abuse are reflected within USAREUR and the effect of those values are exacerbated by environmental conditions such as availability, price, and living conditions.

8. The USAREUR command is initiating steps to raise the profile of its efforts to reduce drug abuse. Concern has been expressed from the highest levels of the command.

9. The legal constraints preventing self-incrimination from urinalysis detection, and regulations requiring honorable discharges when identified drug abusers enter treatment programs, severely inhibit drug abuse deterrent efforts.

10. As perception of the problem becomes more uniform throughout the command, and full use is made of new and existing identification tools, the drug abuse indicators should at first rise, and subsequently decrease, as the deterrent factor sets in.

11. There remains significant disagreement as to the actual scope of the drug problem and its effects on combat readiness. Regardless of whose estimates are more accurate, a serious drug problem exists, and all parties recognize this. The ultimate objective in this regard should be to arrive at a more uniform perception of the seriousness with which drug abuse should be handled within the military framework.

12. Most soldiers currently abusing heroin in the FRG are recreational, weekend abusers. The addictive nature of heroin, however, makes any abuse extremely hazardous. The nature of this threat is brought home by the rapidly increasing cases of hepatitis. Wisely, the Army has earmarked heroin as the enforcement priority.

13. Selected Unit Urine Testing for Company-Sized Units (SUUTCO) and the portable urinalysis kits should significantly upgrade the detection efforts. Pressure from these and other detection tools must be maintained in view of the high availability and purity of the heroin and other dangerous drugs.

14. The goal of reducing negative peer pressure in the barracks was identified as a high priority. It would be helpful to remove confirmed, hardcore drug abusers and dealers from the barracks once identified.

15. One point of unanimous agreement from the highest levels of command to the lowest enlisted personnel and the committee is that inadequate facilities (recreational, living, etc.) within USAREUR contribute to the drug problem.

16. The Community Drug and Alcohol Assistance Centers (CDAAC's) have a poor image, brought about by a lack of personnel with professional expertise and an administrative structure that isolates treatment as a form of involuntary punishment. Entrance to treatment is generally voluntary, but in reality CDAAC is the only alternative to a general or dishonorable discharge. Once in the program, a soldier is sheltered from further disciplinary action, although the career-minded soldier will find a stigma attached to participation

in CDAAC. Since few soldiers in the E–1 to E–4 bracket are career-minded soldiers (as seen in the high rate of attrition and low reenlistment rate), administrative and legal problems have turned the CDAAC's into a major obstacle to effective drug abuse deterrence.

17. Significant efforts are underway to strengthen the NCO's firstline leadership capability to further drug abuse prevention efforts. Good NCOs who are able to strengthen morale and positively influence lower-enlisted personnel to raise overall esprit de corps are sorely needed.

18. The U.S. Army recruits from a civilian population of high-school-age young people. Recent statistics from the National Institute on Drug Abuse show that one-in-nine high school seniors smokes marihuana daily. The degree to which the Army can be expected to reverse this and other substance abusing trends among young people once these individuals are in the organization remains uncertain.

19. It is difficult to determine why so few military dependents utilize treatment services in West Germany. Efforts are currently being undertaken by USAREUR to determine the nature and extent of the substance abuse problem among military dependents to judge whether their needs are being met in this area.

RECOMMENDATIONS

1. The West German Government must be urged in the strongest possible terms to substantially increase the priority placed on reducing the availability of drugs in West Germany. Without the full cooperation of the West German authorities, it will be almost impossible to cut off the availability of high-potency, low-cost drugs to U.S. military personnel stationed in Europe.

2. Command response to the drug abuse problem can be enhanced in the following manner:

(*a*) Removal of the effects of *United States* v. *Jordan*, which renders inadmissible in courts martial such evidence collected by foreign authorities which does not conform to U.S. rules of evidence, even though they do meet host nation rules of evidence.

(*b*) Removal of the effects of *United States* v. *Ruiz*, which requires the military departments to separate an individual with an honorable discharge when the reason for separation is based on evidence developed as a direct or indirect result of a urinalysis test or by a serviceperson volunteering for treatment of a drug problem.

Authority should be granted to the Department of Defense to appeal court decisions beyond the Court of Military Appeals.

3. Currently, all personnel who leave the service under a drug abuse discharge are able to obtain, if they desire it, the full range of veterans benefits for which they can be eligible as an active-duty soldier. Legislative action should be taken to broaden the options for chapter IX discharges for drug abusers to allow not only honorable discharges, but also general discharges under honorable conditions with or without veterans' benefits, depending on the circumstances. Conditions for denial of benefits under chapter IX can either be defined in the legislation, or agreed upon by all the services in a mutually satisfactory manner.

4. Careful study should be given to the possibility of shortening the length of tours of duty in Europe for single or unaccompanied junior enlisted personnel to 18 months. While the current tours of duty were unanimously agreed upon as too long and contributing to substance abusing behavior, the move should only be made if sufficient supporting evidence can be found.

5. USARUER should provide nonalcoholic recreational alternatives for junior enlisted personnel in the evening hours. A greater effort must be made to have these individuals occupy their free time in a more productive manner.

6. The morale of the troops in USAREUR can be improved in the following manner:

(*a*) Improve the living facilities to alleviate overcrowding in the barracks. Structural repairs in the barracks of such basic necessities as heat, hot water, electricity, and plumbing are urgently needed throughout the command.

(*b*) Expand the recreational activities and provide more and better recreational equipment and facilities.

(*c*) Better planning and supervision of the soldier's on and off duty time. Improved coordination and management of such activities as low-cost tours.

(*d*) Foreign language training prior to assignment to West Germany to help reduce the cultural shock for soldiers and help make the community more available to them. Courses could be easily expanded if the Army provided a longer tour in CONUS prior to the first FGR tour.

7. Since USAREUR has identified drug law enforcement (and heroin, in particular) as the No. 1 priority in enforcement, it is expected that there will continue to be increases in resources and manpower allocated toward the reduction of availability.

8. Drug and Alcohol Abuse Boards should be created. These panels should include the unit's commanding officer, a medical doctor, a chaplain, and a representative of a military Drug and Alcohol Abuse Center (in this case CDAAC). The Board should have the authority and responsibility to determine what actions should be taken to rehabilitate abusers, including the following options:

(*a*) Enrollment in a short drug and alcohol education program during off duty hours;

(*b*) Enrollment in a full-time, comprehensive education and counseling program at a military counseling center;

(*c*) Assignment to an inpatient facility;

(*d*) Assignment to temporary duty for intensive retraining;

(*e*) Recommendations of a chapter IX (drug and alcohol) discharge for those individuals who refuse all rehabilitation assistance.

9. The intensive retraining units referred to in the above recommendation should be established for those individuals who, in the board's judgment, would not benefit from participation (initial or continued) in the CDAAC process. The board should continually monitor and evaluate the abuser's progress and adjust for the rehabilitation options in Recommendation 8 as appropriate.

Retraining units should be an adjunctive form of a treatment/rehabilitation regimen for those individuals not profiting from the regular CDAAC counseling approach. This would decrease the workload of the CDAAC personnel, and permit greater utilization of resources where they are most effective (see appendix C).

10. The professional and paraprofessional capabilities of CDAAC need to be enhanced. CDAAC needs more professional support and supervision, and more professional training of its personnel. Efforts should be made to provide a more integrated treatment approach. As Dr. Backrass suggested, this would include locating CDAAC near the dispensary, mental hygiene services, and the chaplain's office. In this regard, the chaplain should be encouraged to provide a role model in treatment and prevention efforts. The CDAAC cannot operate effectively in a vacuum.

There is an additional need to expand and upgrade the inpatient drug care facilities that presently exist in five hospitals in West Germany. These facilities now only provide about 130 to 150 beds for the entire country. There is a serious shortage of medical professionals and counselors.

VA treatment facilities should also be looked at for comparative effectiveness as an alternative.

11. The efforts to provide drug counseling training to firstline supervisors should be increased and expanded so that they can develop better responsiveness to the drug problems facing the young recruits. Further, the USAREUR should actively recruit senior NCO's for the drug and alcohol counseling program who have demonstrated compassion and proven their ability to command respect from both junior personnel and the officer corps.

12. Personnel who have been charged with drug trafficking violations should be removed from their regular barracks pending courts martial. Currently, personnel charged with dealing in illicit drugs remain in the barracks until cases are heard, a process that frequently requires several months. During this period, these individuals can continue to influence other members of their units to participate in drug activities. Removing such personnel to special housing, and restricting entry to the former facilities pending disposition, would help reduce the peer pressure on junior enlisted men and women.

13. The perception of cannabis as "no worse than alcohol" needs to be countered by educational programs that clearly delineate the hazards associated with both cannabis and alcohol abuse. The use and abuse of both drugs must be downplayed simultaneously. The young recruit must see the Army in no way condoning or encouraging alcohol consumption if he/she is to put credibility in arguments against the use of cannabis.

14. USAREUR should look further to determine the frequency of on duty cannabis abuse among lower enlisted personnel.

15. The Army should continue to support the relevant efforts of the DOD 12-point initiative as presented to the committee on July 27, 1978, by Deputy Secretary of Defense Charles Duncan. These initiatives subsequently have been expanded and revised by the DOD Office of Health Affairs (see SCNAC-95-2-14).

APPENDIX A

U.S./F.R.G. Narcotics Control Agreement

The German-American joint program is designed to support mutual efforts to check drug and narcotics abuse. Under this program the participating Governments will consider all questions of common interest in the field of drug and narcotics abuse, and thereby contribute to a solution of this international problem. The program is established in the awareness that the danger to individuals through the abuse of drugs can best be diminished through broad-based international cooperation. This bilateral program shall, therefore, take into account those international agreements and activities that are discussed and agreed upon in the framework of cooperation in this field among the members of the European Community.

1. A Central Working Group will be set up, the membership of which will include representatives of participating ministries of the Federal Republic of Germany, and, for the U.S. Government, specialists named by the American Embassy, including members of the U.S. Drug Enforcement Administration and representatives of the U.S. Forces. The Central Working Group will meet at least twice a year under German chairmanship and will formulate an overall program in sufficient detail to establish priorities. Particular attention shall be given to:

1.1. Improving the operational possibilities of implementing international drug regulations in cooperative efforts; and

1.2. Investigating the possibility of joint programs devoted to research and technology.

1.3. Each Government will designate one representative who will continuously coordinate the German-American program.

2. The Central Working Group will establish permanent subcommittees for special subject areas which shall coordinate their work and insure that they agree among themselves concerning related areas of responsibility. They will meet as decided by the Central Working Group and as required. Rapporteurs will be named for each subcommittee; they will arrange the administrative support required for the work of the subcommittees.

3. The work of the following permanent subcommittees will be coordinated by the Central Working Group, to which they will report.

3.1. Subcommittee on Prevention and Medicine, which will be concerned with all questions of treatment and posttreatment of drug effects, early diagnosis, "drug education," and so forth, which are of interest to both Governments. This subcommittee shall meet under the alternate chairmanship of an official of the Federal Ministry of Youth, Family Affairs and Health, and an American expert.

3.2. Subcommittee on Legal Questions, which will discuss all legal questions relevant to the common fight against drug and narcotics abuse. This subcommittee shall meet under the alternate chairmanship of an official of the Federal Ministry of Youth, Family Affairs and Health and an American expert.

3.3. Subcommittee for Police and Customs Enforcement Measures, which will be concerned with the coordination of all

measures against illegal drug trafficking in the Federal Republic of Germany in cooperation with foreign, particularly American, authorities. Without infringing on the executive powers of the competent authorities, the subcommittee will collect information and develop preventive and enforcement control measures such as the education and further training of narcotics specialists of the police, customs, and border protection agencies, technical criminal investigation methods, and the exchange of criminal police information as well as other relevant information. The responsibilities of the subcommittee will be assumed by the Permanent Working Group on Narcotics of the Bundeskriminalamt, in which the American side is permanently represented. The position and other functions of this working group will remain unaffected.

3.4. Subcommittee—Military, in which all matters related to drug control of significance and common interest to United States and German military forces will be considered. In particular troop commanders, medical officers and psychologists shall belong to the subcommittee. The subcommittee will meet under the alternate chairmanship of an officer (medical) of the Federal Ministry of Defense and of the U.S. Forces.

4. Questions of data collection, storage, and documentation, insofar as they are not the responsibility of police and customs, shall come under the jurisdiction of the appropriate agencies.

5. The costs for participants in Central Working Group and subcommittee meetings shall be assumed by the sending Government; all other costs associated with meetings and their preparation shall be borne by the Government acting as host for said meetings; the Central Working Group will consider the financing of joint activities on a case-by-case basis.

6. These guidelines, with the exception of paragraph 3.4, shall also apply to Land Berlin, provided that the Government of the Federal Republic of Germany does not make a contrary declaration to the Government of the United States of America within 3 months of the date of entry into force of these guidelines.

APPENDIX B

AUGUST 30, 1978.

Memo for EUR/CE—W. M. Woessner.
From: W. Ryerson.
Subject: U.S. citizen prisoners in Germany.

After our meeting with the committee staff yesterday I called the Office of Special Consular Services to get some figures on U.S. citizen prisoners in Germany, and specifically to find out if they knew how many were on drug-related charges and how many of those were ex-military. SCS was able to provide numbers, and numbers specifically on drug charges. They do not have, in any retrievable form, information about the background of those persons. It should be noted that such information would in any event be protected by the Privacy Act, and would require signed releases from the individuals involved in order to release it to the committee.

The figures, by post, are as follows:

Post	Total prisoners	For drug charges
Berlin	11	4
Bremen	2	0
Duesseldorf	8	7
Frankfurt	82	50
Hamburg	4	3
Munich	48	34
Stuttgart	34	18
Total	189	116

I was cautioned that these figures could be off a bit absolute accuracy, and that they had hope of more accurate figures being available in 2 or 3 weeks. Since the margin of error is only about 5 percent, I think these figures are accurate enough to give a picture of the problem.

APPENDIX C

Intensive Retraining Program Concept

The proposed intensive retraining program (see Recommendation 9) should be modeled after the Army's Individual Effectiveness Course and Retraining Brigade programs currently in operation at Ft. Riley, Kansas. By combining the attributes of these two programs into a single Intensive Retraining Program, the opportunity will exist to provide a behavior and attitude modification course for soldiers whose drug abuse problems are leading to potential judicial action and/or separation. This program will provide the intensive training and professional counseling necessary to improve behavior patterns and return drug abusers to duty as competent and highly motivated soldiers.

On January 9, 1979, Congressman English toured the Ft. Riley facility located at Camp Funston. During that visit, the program's operation and the feasibility of adapting it to a similar program for drug abusers was discussed with the local cadre. A considerable amount of time was devoted to a group discussion with several drill sergeants, who were all enthusiastic about their current assignment, and supportive of the concept that a similar program for drug abusers with attitudinal or behavioral problems could be designed.

All of the Ft. Riley cadre interviewed agreed that cadre selection and training are critical to program success. Counselor training for cadre should be mandatory, and drill sergeants with combat arms or correctional specialist backgrounds would be appropriate to the cadre structure.

In addition to Congressman English's on-site visit to Ft. Riley, materials outlining the Retraining Brigade's instructional program and goals/objectives, as well as a Test Study and an In-Process Review of the Individual Effectiveness Course have been carefully reviewed. An examination of these materials supports the contention that an Intensive Retraining Program can be an effective tool for fighting drug abuse within the Armed Forces.

The Individual Effectiveness Course was initiated at Ft. Riley in March 1977 as a joint venture of the 1st Infantry Division and the U.S. Army Retraining Brigade. The course has achieved a reputation among officers and NCO's as a tough, demanding, and effective program that is directed toward correcting and remotivating marginal

soldiers. An In-Process Review was conducted in August 1978. Analysis of the review indicates that the program is cost-effective and exportable. Data presented in the In-Process Review show that graduate attrition can reach as high as 71% before cost benefits are eliminated. After ten cycles of the course, the attrition rate for graduates is approximately 30%, far below the cut-off attrition rate for cost-effectiveness.

Soldiers currently participating in the Army's Retraining Brigade program have been convicted by courts-martial. Such would not be the case for Intensive Retraining Program directed at those soldiers who have drug abuse problems but are not deemed suitable candidates by the Drug and Alcohol Abuse Boards for CDAAC referral. Soldiers in this category may be those who express an unwillingness to participate in the CDAAC program as evidenced through refusal to attend treatment sessions, continual drug abuse concurrent with participation in the CDAAC program, or those with a drug problem who have demonstrated an inability to cope with the military environment. Certainly soldiers in this category of unsuitable CDAAC referral are, in many cases instances, potential candidates for future judicial action Given the success rate claimed by the Army's Individual Effectiveness Course, enrollment in the envisioned Intensive Retraining Program would result in a more optimistic future for many soldiers with attitudinal and behavioral problems that are aggravated by drug abuse.

The problem areas currently defined in the Ft. Riley retraining program are: 1) Personal Problems, 2) Antisocial Individual, 3) Substance Abuse, 4) Rebellion Against Authority, and 5) Lack of Self Confidence. All can be, to some degree, symptomatic of drug abuse. Specific charges against those in the program are varied, ranging from AWOL and insubordination to crimes of physical violence and theft. It was the opinion of the Ft. Riley cadre that substance abuse was a contributing factor to the action which eventually resulted in the charges and ultimate courts-martial of many of the soldiers in the program.

By removing the drug abuser with behavioral and attitudinal difficulties from the environment that is contributing to his problem and placing him in a controlled environment offering professional counseling and vigorous physical training, the opportunity to convert these marginal soldiers into highly motivated soldiers will be greatly enhanced. Both the individual soldier and the military will benefit from the Intensive Retraining Program.

Development of a prototype Intensive Retraining Unit modeled after the Army's Individual Effectiveness Course and Retraining Brigade programs at Ft. Riley is considered by the Military Drug Abuse Task Force to be a key element in combating drug abuse in the milltary. It is vitally important that drug abusers be removed from the environment where drugs are readily available and given the opportunity to enhance their interpersonal, learning, and self-awareness skills. By so doing, the soldier's attitudinal and behavioral problems may be alleviated with the added benefit of an enhanced ability to cope in a military setting. Serious consideration should be given to the adoption of recommendation number 9 of this report.

○

END